



Bound  
Periodical

1067010

# Kansas City Public Library



This Volume is for  
**REFERENCE USE ONLY**

4-41-10M--P



YHABBU OLUBA  
YTO ZABBA  
OM

PUBLIC LIBRARY  
KANSAS CITY  
MO

# Journal of Social Hygiene

INDEX

VOLUME 27

1941

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT ALBANY, NEW YORK, FOR  
THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
EDITORIAL AND GENERAL OFFICES  
1790 BROADWAY, NEW YORK, N. Y.

WASH. STATE COLLEGE  
YTD 2322  
ON

Copyright, 1941, by  
The American Social Hygiene Association, Inc.

# Index to Volume 27, 1941

## Journal of Social Hygiene

### CONTENTS

BY AUTHOR, TITLE AND SUBJECT

#### A

- An address. Hon. Fiorello H. LaGuardia. 321.
- American communities face a new challenge. Thomas A. Storey. 1.
- American Eugenics Society holds spring conference. 214.
- American Public Health Association announces syphilis control program annual awards. 255.
- A.S.H.A. Annual Meeting. 47.
- American Public Health Association. See Health education institute.
- American Public Health Association. Social hygiene at American Public Health Association meeting. 401.
- American Social Hygiene Association. The annual business meeting. 150.
- Budget for 1941. 153.
- Committee reports. 155.
- Notes on 1940—a national defense year. Walter Clarke, M.D. 163.
- Program for 1941. 153.
- Announcements. 48, 96, 168, 220, 268, 315, 420, 468.
- An approach to sex education in schools. Mabel G. Leshner. 373.
- Arkansas—Little Rock Civilian Military Council. 257.
- Attack on Commercialized Prostitution, The. An exhibit. Insert 432-433.

#### B

- Barris, Florence S. Syphilis—the deficit in our health defense budget. A radio or platform talk for Social Hygiene Day (15 minutes). 26.
- Bibliographies.
- Aids in the attack on commercialized prostitution. 326.

- The Journal of Social Hygiene as permanent reference material. 309.
- Publications, films and exhibits for the attack on commercialized prostitution. 465.
- Publications, films and exhibits on social hygiene and national defense. 217-219.
- References for parent-teacher associations. 32.
- Selected references on social hygiene in schools. 91-92.
- Social hygiene aids for youth and youth leaders. 266.
- Social hygiene bookshelf for 1941. 301.
- Suppression of commercialized prostitution in Vancouver. 372.
- Bigelow, Maurice A. Health education in relation to venereal disease control education. 49.
- Boone, Joel T., M.D. The sexual aspects of military personnel. 113.
- Building morale in the United States Army and Navy. Radio talks by Frederick H. Osborn, Charles P. Taft, and Col. William H. Draper, Jr. 221.

#### C

- California.
- Industrial notes. 413.
- Symposium on public health. 258.
- Challenge to English teachers, A. Alice M. Steen. 391.
- Child Study Association of America holds annual institute. 405.
- Church program for defense areas, A. Leland Foster Wood. 10.

- Clarke, Charles Walter, Marie Di Mario, Mary S. Edwards. How many people have syphilis? 269.
- Clarke, Walter. Syphilis, gonorrhea, and national defense industries. 169.
- Clements, Alice S. Social protection for girls and women. 350.
- Cleveland youth program, A. 251.
- Coal mine health meeting. Eileen McGrath. 439.
- Conferences.
- Dates ahead. 406.
- Exhibits for social hygiene conferences. Jacob A. Goldberg and Katherine Z. W. Whipple. 444.
- The five regional. 136.
- Marriage and family conference at Chapel Hill. 83.
- New York—American Social Hygiene Association arranges round table at State Conference of Social Work. 409.
- New York City—Bureau of Child Guidance holds tenth annual conference. 410.
- The 1941 Conference of Social Hygiene Executives. Eleanor Shenhon. 462.
- Other important recent meetings. 406.
- Regional Conferences for Social Hygiene Day. 457.
- Social hygiene at American Public Health Association meeting. 401.
- Social hygiene executives confer on national defense. 400.
- Congress considers legislation to prohibit prostitution near Army and Navy camps. 82.
- Connecticut.
- Hartford druggists cooperate in V.D. clinic. 85.
- Syphilis and gonorrhea still head the list of preventable diseases. 407.
- Control of the venereal diseases among national defense workers, The. R. A. Vonderlehr. 175.
- Courses, Summer.
- Chautauqua—July 7 to August 15. 263.
- Columbia University—Teachers College—July 2 to August 15. 263.
- Dickinson College—School of Family Relationships—June 11 to 16. 263.
- University of Michigan—Division of Hygiene and Public Health—June 26 to August 9. 263.
- Vassar College—Institute of Euthenics—June 19 to July 31. 263.
- Cumming, Dr., and Dr. Yarros receive honorary life memberships. 132.
- Current and future programs of education regarding syphilis and gonorrhea. Jean B. Pinney and Howard W. Ennes. 449.

## D

- Deakin, Rogers. Protection of soldiers, sailors and workers from Syphilis and Gonorrhea. II. The citizen's part. 186.
- Developments on the Federal "Front." 80.
- Di Mario, Marie, Charles Walter Clarke, Mary S. Edwards. How many people have syphilis? 269.
- District of Columbia—Survey shows high ethics among druggists. 85.
- Division of social protection announces program. 433.
- Division of social protection has new officers. 402.
- Draper, Warren F., M.D. Protecting industry from venereal disease. 98.
- Draper, Warren F. Quotation. 180.
- Draper, Col. William H., Jr., Charles P. Taft, and Frederick H. Osborn. Building morale in the United States Army and Navy. 221.

## E

- Earp, Dr. J. Rosslyn. Death of. 253.
- Editorials. 42-43, 78-79, 210-211, 252-253, 317, 398-399, 455-456.
- After Social Hygiene Day. 42.
- The Attack on Commercialized Prostitution. 317.
- Education for life. 78.
- The Journal series on national defense. 211.
- Keep America strong! 455.



## Editorials—continued

- National defense and the nation's youth. 252.
- Number IV on national defense. 253.
- Prime objects of civilization. 398.
- The schools and national education. 399.
- Shift them to the right side of the ledger! 210.
- What's in a name? 79.
- You are cordially invited to attend! 43.
- Editor's Note. 97.
- Education through the pharmacy. Joseph L. Stenek. 453.
- Ehrlich, Honoring the life and work of Paul. 400.
- Ennes, Howard W., Jean B. Pinney and. Current and future programs of education regarding syphilis and gonorrhea. 449.
- Examples of special programs and projects. 38.
- Exhibits.
- The attack on commercialized prostitution. Insert 432-433.
- Social hygiene and national defense. A new exhibit. Insert 244-245.
- Exhibits for social hygiene conferences. Jacob A. Goldberg and Katherine Z. S. Whipple. 444.

## F

- Family Life Institute at Alton, Illinois. 86.
- Federal government establishes division of legal and social protection. 213.
- Federal legislation. Public law 163—77th Congress. 344.
- Five regional conferences, The. 136.
- Forum. 87-88.
- Frontispiece.
- In defense of the nation. A new talking motion picture. May.
- Photograph Col. W. H. Draper, Jr., Frederick H. Osborn, and Charles P. Taft. May.
- Vital to national defense. April.

## G

- Georgia—Glynn County reports progress. 407.

- Getting started on a youth social hygiene program. 248.
- Goldberg, Jacob A., and Katherine Z. W. Whipple. Exhibits for social hygiene conferences. 444.
- Goldberg, J. A. Sex character education in twenty-one private schools in New York City. 380.
- "Good times in good company" for young people urged by women of America. 25.
- "Good times in good company" help build national defense. Insert following 24.
- Gould, George. Laws against prostitution and their use. 335.
- Gould, W. George. More new laws to guard family health. 277.

## H

- Hanson, Millard C. Protection of soldiers, sailors, and workers from syphilis and gonorrhea. I. From the standpoint of the public health officer. 181.
- Hasty marriage and the draft. Augusta J. Street. 228.
- Health education. Social hygiene—a year-round project in health education. Jean B. Pinney. 199.
- Health education in relation to venereal disease control education. Report of a cooperative project between the U.S.P.H.S. and the American Social Hygiene Association, 1939-1940. Maurice A. Bigelow. 49.
- Health education institute, A.P.H.A. Current and future programs of education regarding syphilis and gonorrhea. Jean B. Pinney and Howard W. Ennes. 449.
- Hitchens, Arthur Parker, M.D. How the Army protects soldiers from syphilis and gonorrhea. 103.
- Honoring the life and work of Paul Ehrlich, Scientist. 400.
- Houston, Hon. John M. Stop venereal disease sabotage. 290.
- How many people have syphilis? Charles Walter Clarke, Marie Di Mario, Mary S. Edwards. 269.

How the Army protects soldiers from syphilis and gonorrhoea. Arthur Parker Hitchens, M.D. 103.

## I

Illinois.

Chicago's Committee of Fifteen reports. 258.

Family Life Institute at Alton. 86.

In and out of the newspapers. Joseph L. Stenek. 45-46, 89-90, 215-216, 264-265, 311, 415.

Industrial Notes. Eileen McGrath. 413, 441.

Industry.

Coal mine health meeting. Eileen McGrath. 439.

Control of the venereal diseases among national defense workers, The. R. A. Vonderlehr. 176.

For employee education—Pay roll envelope stuffers. Insert 200-201.

Protecting industry from venereal disease. Warren F. Draper, M.D. 98.

Social Hygiene and National Defense. III. An industrial program. April.

Syphilis, gonorrhoea, and national defense industries. Walter Clarke. 169.

Protection of soldiers, sailors, and workers from syphilis and gonorrhoea. I. From the standpoint of the public health officer. Millard C. Hanson. 181.

Syphilis, the worker, and national defense. Carl A. Wilzbach. 436.

Institutes.

Child Study Association of America holds annual institute. 405.

Family Life Institute at Alton, Illinois. 86.

## J

Jaffray, Miss Julia K. Record of death. 253.

Johnson, Bascom. Mobilization for social protection. 346.

———. We need not tolerate prostitution. 421.

Journal of Social Hygiene as permanent reference material, The. 309.

## K

Kinsie, Paul M. The prostitution racket today.

## L

LaGuardia, Hon. Fiorello H. An address. 321.

Laton, Anita D. Teaching about the venereal diseases in a California high school. 76.

Laws.

H. R. 2475 becomes law. 282.

Massachusetts and Missouri adopt new laws to guard family health. 408.

The May bill becomes law (H. R. 2475). 344.

More new laws to guard family health. W. George Gould. 277.

Ohio—Dayton Social Hygiene Association explains premarital examination law. 411.

Public law 163—77th Congress. 344.

Laws against prostitution and their use. George Gould. 335.

Layman's view of social hygiene and national defense, A. Philip R. Mather. 191.

Legislation. Congress considers legislation to prohibit prostitution near Army and Navy camps. 82.

Leshner, Mabel G. An approach to sex education in schools. 373.

Library Number, Ninth. June.

Louisiana—New Orleans Committee on Recreation for Service Men. 258.

## M

McFarland, W. W. Where shall we teach? 395.

McGinnes, G. F., and Henry Packer. Prostitution abatement in a venereal disease control program. 355.

McGrath, Eileen. Coal mine health meeting. 439.

McGrath, Eileen. See Industrial Notes.

McNutt, Paul V. Letter to President Wilbur. 212.

———. Quotation. 235.

## Maps.

- Prostitution surveys in relation to national defense areas. Opposite 332.
- Protecting marriage from syphilis. 277.
- Protecting babies from syphilis. 278.
- State laws against prostitution. Opposite 340.
- Marriage. Hasty marriage and the draft. Augusta J. Street. 228.
- Marriage and family conference at Chapel Hill. 83.
- Massachusetts.
- American College of Physicians meets. 260.
- Annual meeting of the Massachusetts Society for Social Hygiene. 259.
- Dr. Nelson resigns. 259.
- New England Health Institute. 259.
- Massachusetts and Missouri adopt new laws to guard family health. 408.
- Mather, Philip R. A layman's view of social hygiene and national defense. 191.
- May bill becomes law, The (H. R. 2475). 344.
- Memberships, honorary life. Dr. Yarros and Dr. Cumming receive. 132.
- Memorandum to Y.W.C.A. workers, A. 22.
- Milestones in the march against commercialized prostitution. 428.
- Missouri and Massachusetts adopt new laws to guard family health. 408.
- Mobilization for social protection. Bascom Johnson. 346.
- Motion pictures. 96, 168, 217-218, 219, 267, 268, 316, 420, 466, 468, and May frontispiece.
- More new laws to guard family health. W. George Gould. 277.

## N

- Nation moves to prohibit prostitution in the vicinity of Army and Naval Camps, The. 282.
- National Conference on Family Relations holds third annual meeting in Chicago. 44.
- National Council of Women adopts resolution on national defense. 44.
- National Defense.
- An address. Hon. Fiorello H. LaGuardia. 321.
- American communities face a new challenge. Thomas A Storey. 1.
- A church program for defense areas. Leland Foster Wood. 10.
- The control of the venereal diseases among national defense workers. R. A. Vonderlehr. 175.
- Division of social protection announces program. 433.
- "Good times in good company" for young people urged by women of America. 25.
- "Good times in good company" help build national defense. Insert following 24.
- A layman's view of social hygiene and national defense. Philip R. Mather. 191.
- Mobilization for social protection. Bascom Johnson. 346.
- A new drive against venereal disease in the civilian population. 402.
- A New Jersey Community provides "good times in good company" for its soldier visitors. Raymond A. Schroth. 232.
- New Jersey takes steps to insure the welfare of Army recruits. 16.
- New Mexico tests her young men. 409.
- Notes on 1940—A national defense year. Walter Clarke, M.D. 163.
- The prostitution racket today. Paul M. Kinsie. 327.
- Protection of soldiers, sailors, and workers from syphilis and gonorrhea. I. From the standpoint of the public health officer. Millard C. Hanson. 181. II. The citizen's part. Rogers Deakin. 186.
- Publications, films and exhibits on social hygiene and national defense. 217-219.
- The sexual aspects of military personnel. Joel T. Boone, M.D. 113.

- National Defense—continued
- Social Hygiene and National Defense. III. An industrial program. April.
- Social Hygiene and National Defense. IV. A youth program. May.
- Social Hygiene and National Defense. V. The attack on commercialized prostitution. October.
- Social Hygiene and National Defense. A new exhibit. Insert 244-245.
- Social protection for girls and women. Alice S. Clements. 350.
- Some national defense problems of universities and colleges. Thomas A. Storey. 236.
- The suppression of commercialized prostitution in the city of Vancouver. Donald H. Williams. 364.
- Syphilis, the worker, and national defense. Carl A. Wilzbach. 436.
- National Events. 44, 80-84, 213-215, 254-256, 400-406.
- National Negro health week. 84.
- National Student Health Association, First annual meeting of. 256.
- National Youth Administration health program. 240.
- Negro health week, National. 84.
- Neville-Rolfe, Mrs. Snow medal is awarded to. 125.
- Neville-Rolfe, Sybil. William Freeman Snow award presented to. Supplement, March.
- New drive against venereal disease in the civilian population, A. 402.
- New Jersey community provides "good times in good company" for its soldier visitors, A. Raymond A. Schroth. 232.
- New Jersey.
- New Jersey Social Hygiene Conference. 260.
- Newark Health Department reports on follow-up methods. 408.
- Post-graduate course in venereal diseases. 260.
- New Jersey takes steps to insure the welfare of Army recruits. 16.
- New Mexico tests her young men. 409.
- New York.
- American Social Hygiene Association arranges round table at State Conference of Social Work. 409.
- The family physician and venereal disease. 86.
- Mineville. 261.
- New York City.
- Bureau of Child Guidance holds tenth annual conference. 410.
- Follow-up of selective service candidates with syphilis. 261.
- Program on protecting family health. 262.
- Report of activities of the Bureau of Social Hygiene for 1940. 261.
- Sex character education in twenty-one private schools in New York City. J. A. Goldberg. 380.
- News from the 48 fronts. 85-86, 257-262, 407-412.
- O
- Obituary Notes.
- Baker, Dr. J. N. 456.
- Earp, Dr. J. Rosslyn. 253.
- Falconer, Martha Platt. 456.
- Jaffray, Julia K. 253.
- Simons, Minot A. 253.
- Ohio.
- Cleveland College social hygiene course. 411.
- Dayton Social Hygiene Association explains premarital examination law. 411.
- Sex education in Cleveland secondary schools. 412.
- Oregon.
- Appointment of Dr. Adolph Weinzirl as Professor of Public Health and Director of Social Hygiene Education. 412.
- State Conference of Social Work. 262.
- Osborn, Frederick H., Charles P. Taft, and Col. William H. Draper, Jr. Building morale in the United States Army and Navy. 221.
- P
- Packer, Henry, and G. F. McGinnes. Prostitution abatement in a venereal disease control program. 355.

- Parent-teacher associations and social hygiene. A plan of work for 1940-1943. Aimee Zillmer. 30.
- Parent-Teacher Congress adopts platform. 256.
- Parran, Thomas. Quotation. 363.
- Pharmacy. Education through the pharmacy. Joseph L. Stenek. 453.
- Pharmacy cooperates. Joseph L. Stenek. 33.
- Pinney, Jean B. Social hygiene—a year-round project in health education. 199.
- Pinney, Jean B., and Howard W. Ennes. Current and future programs of education regarding syphilis and gonorrhea. 449.
- President Roosevelt appoints Dr. Snow to N.Y.A. Advisory Council. 213.
- Probation celebrates centenary. 83.
- Programs. Examples of special programs and projects. 38.
- Program suggestions.  
Fifth National Social Hygiene Day. 35.  
Sixth National Social Hygiene Day. 459.
- Prostitution.  
Aids in the attack on commercialized prostitution. 326.  
The attack on commercialized prostitution. An exhibit. Insert 432-433.  
The attack on commercialized prostitution. Social Hygiene and National Defense. V. October.  
Congress considers legislation to prohibit prostitution near Army and Navy camps. 82.  
Laws against prostitution and their use. George Gould. 335.  
Milestones in the march against commercialized prostitution. 428.  
The nation moves to prohibit prostitution in the vicinity of Army and Naval camps. 282.  
Publications, films and exhibits for the attack on commercialized prostitution. 465.  
We need not tolerate prostitution. Bascom Johnson. 421.
- Prostitution abatement in a venereal disease control program. G. F. McGinnes and Henry Packer. 355.
- Prostitution racket today, The. Paul M. Kinsie. 327.
- Prostitution surveys in relation to national defense areas. Map. Opposite 332.
- Protecting industry from venereal disease. Warren F. Draper, M.D. 98.
- Protection of soldiers, sailors, and workers from syphilis and gonorrhea. I. From the standpoint of the public health officer. Millard C. Hanson. 181. II. The citizen's part. Rogers Deakin. 186.
- Public law 163—77th Congress. 344.
- Publications, films and exhibits for the attack against commercialized prostitution. 465.
- Publications, films and exhibits on social hygiene and national defense. 217.
- Publications Received. 46, 93-95, 166-167, 313-315, 417-419, 467.

## R

## Radio talks.

- Radio talk by Frederick H. Osborn, Charles P. Taft, and Col. William H. Draper, Jr. Building morale in the United States Army and Navy. 221.
- Syphilis—the deficit in our health defense budget (for Social Hygiene Day). Prepared by Florence S. Barris. 26.
- Regional Conferences for Social Hygiene Day. 457.
- Roosevelt, Franklin D. Quotation. 345.

## S

- Schools and education for family life, Special number on the. November.
- Schroth, Raymond A. A New Jersey community provides "good times in good company" for its soldier visitors. 232.
- Sex character education in twenty-one private schools in New York City. J. A. Goldberg. 380.

- Sex education.  
 An approach to sex education in schools. Mabel G. Leshner. 373.  
 Ohio—Cleveland College social hygiene course. 411.  
 Ohio—Sex education in Cleveland secondary schools. 412.  
 Oregon—Appointment of Dr. Adolph Weinzirl as Professor of Public Health and Director of Social Hygiene Education. 412.  
 Sex character education in twenty-one private schools in New York City. J. A. Goldberg. 380.  
 Where shall we teach? W. W. McFarland. 395.
- Sexual aspects of military personnel, The. Joel T. Boone, M.D. 113.
- Shenehon, Eleanor. The 1941 Conference of Social Hygiene Executives. 462.
- Shenehon, Eleanor. *See* News from the 48 fronts.
- Simons, Minot A. Record of death. 253.
- Snow medal is awarded to Mrs. Neville-Rolfe. 125.
- Snow, William Freeman, award presented to Sybil Neville-Rolfe. Supplement, March.
- Snow, William F. Editorial. 317.
- Social hygiene and national defense. A new exhibit. Insert 244-245.
- Social hygiene bookshelf for 1941. 301.
- Social hygiene day—a year-round project in health education. Jean B. Pinney. 199.
- Social Hygiene Day Number.  
 January.  
 December.
- Social Hygiene Day.  
 Program suggestions for Sixth. 459.  
 Program suggestions. Fifth National Social Hygiene Day. 35.  
 Twelve ways to celebrate Sixth National Social Hygiene Day. Supplement, December.
- Social Hygiene Day—continued  
 Syphilis—the deficit in our health defense budget. A radio or platform talk for Social Hygiene Day. Prepared by Florence S. Barris. 26.
- Social Hygiene Day, Regional Conferences for. 457.
- Social Hygiene Day greetings. 147.
- Social Hygiene Day regional conferences. 47.
- Social hygiene executives confer on national defense problems. 400.
- Social Hygiene Executives, The 1941 Conference of. Eleanor Shenehon. 462.
- Social protection for girls and women. Alice S. Clements. 350.
- Some national defense problems of universities and colleges. Thomas A. Storey. 236.
- State and Territorial Health Officers recommend procedure regarding men rejected for military service. 254.
- Steen, Alice M. A challenge to english teachers. 391.
- Stenek, Joseph L. Education through the pharmacy. 453.
- Stenek, Joseph L. *See* In and out of the newspapers.
- Stop venereal disease sabotage. Hon. John M. Houston. 280.
- Storey, Thomas A. American communities face a new challenge. 1.
- Storey, Thomas A. Some national defense problems of universities and colleges. 236.
- Street, Augusta J. Hasty marriage and the draft. 228.
- Supplements.  
 What you can do to celebrate Fifth National Social Hygiene Day. January. William Freeman Snow Award presented to Sybil Neville-Roth. March. Twelve ways to celebrate Sixth National Social Hygiene Day. December.
- Suppression of commercialized prostitution in the city of Vancouver, The. Donald H. Williams. 364.

- Syphilis and Federal assistance to the states. 81.
- Syphilis, gonorrhea, and national defense industries. Walter Clarke. 169.
- Syphilis, How many people have? Charles Walter Clarke, Marie Di Mario, Mary S. Edwards. 269.
- Syphilis—the deficit in our health defense budget. A radio or platform talk for Social Hygiene Day (15 minutes). Prepared by Florence S. Barris. 26.
- Syphilis, the worker, and national defense. Carl A. Wilzbach. 436.

## T

- Taft, Charles P., Frederick H. Osborn, and Col. William H. Draper, Jr. Building morale in the United States Army and Navy. 221.
- Teaching about the venereal diseases in a California high school. Anita D. Laton. 76.
- Texas—Houston group offers services of speakers' bureau. 86.
- Twelve ways to celebrate sixth national Social Hygiene Day. Supplement, December.
- Twenty-eighth Anniversary Number. March.

## U

- United Service Organizations to ask the public for \$10,700,000 for military trainee recreation program. 213.
- United States is winning its war against venereal disease, The. New York Times (quotation). 279.
- U. S. Public Health Service issues annual report. 81.
- U. S. trains new public health personnel to reinforce health program in defense areas. 214.

## V

- Venereal Disease Clinics, Hartford, Conn., druggists cooperate in. 85.

## Venereal disease control.

- New Jersey—Newark Health Department reports on follow-up methods. 408.
- Prostitution abatement in a venereal disease control program. G. F. McGinness and Henry Packer. 355.
- Venereal disease control education, Health education in relation to. Maurice A. Bigelow. 49.
- Venereal disease control education in the schools, A special number on. February.
- Venereal diseases in a California high school, Teaching about the. Anita D. Laton. 76.
- Vonderlehr, R. A. The control of the venereal diseases among national defense workers. 175.
- Vonderlehr, R. A. Current and future programs of education regarding syphilis and gonorrhea. Jean B. Pinney and Howard W. Ennes. 449.

## W

- Washington—Public Health Institute. 262.
- We need not tolerate prostitution. Bascom Johnson. 421.
- West Virginia—Industrial Notes. 413.
- Western Division, A.P.H.A., annual meeting at San Diego. 255.
- Where shall we teach? W. W. McFarland. 395.
- Whipple, Katherine Z. W., Jacob A. Goldberg and. Exhibits for social hygiene conferences. 444.
- Williams, Donald R. The suppression of commercialized prostitution in the city of Vancouver. 364.
- Wilzbach, Carl A. Syphilis, the worker, and national defense. 436.
- Wood, Leland Foster. A church program for defense areas. 10.

## Y

- Yarros, Dr., and Dr. Cumming receive honorary life memberships. 132.

- Y.W.C.A. workers, a memorandum to. 22.
- Youth.  
 Social hygiene aids for youth and youth leaders. 266-267.  
 Getting started on a youth social hygiene program. 248.  
 Social Hygiene and National De-
- Youth—continued  
 fense. IV. A youth program. May. Youth Notes. 44-45, 88, 217.

## Z

- Zillmer, Aimée. Parent-teacher associations and social hygiene. A plan of work for 1940-1943. 30.

## BOOKS REVIEWED

BY AUTHOR AND TITLE

## A

- America Organizes Medicine. Michael M. Davis. 295.
- American Association of School Administrators. Education for Family Life. 287.
- Appelhof, Gilbert, Jr. You Can Be Happily Married. 291.

## B

- Becker, S. William, M.D., and Maximilian E. Obermayer, M.D. Modern Dermatology and Syphilology. 90.
- Benz, Margaret Gilbert. Family Counseling Service in a University Community. 289.

## C

- Chambers, M. M. Youth-serving Organizations. National Non-governmental Associations. 285.
- Children in a Democracy. Preliminary statements submitted to the White House Conference on Children in a Democracy. 284.
- Clarke, Martha H. Stepping Out. 290.
- Colcord, Joanna C. Your Community. Its Provision for Health, Education, Safety and Welfare. 284.
- College Textbook of Hygiene, A. Dean Franklin Smiley and Adrian Gordon Gould. 297.
- Come Over to My House. Girls' Friendly Society. 290.

- Community Health Program for the Y.W.C.A., A. Edith M. Gates. 297.
- Community Hygiene. Elizabeth Sterling Soule and Christine Mackenzie. 295.

- Cunningham, Bess V. Family Behavior. A Study of Human Relations. 287.

- Curriculum Committee of the School of Education, Syracuse University. A Functional Program of Teacher Education. 288.

## D

- Davis, Michael M. America Organizes Medicine. 295.

- Dermatology and Syphilology for Nurses. Including Social Hygiene. John H. Stokes. 299.

- Dickerson, Roy E., and Fritz Kunkel. How Character Develops. A Psychological Interpretation. 292.

## E

- Education for Family Life. American Association of School Administrators. 287.

## F

- Family Behavior. A Study of Human Relations. Bess V. Cunningham. 287.

- Family Counseling Service in a University Community. Margaret Gilbert Benz. 289.



Frazer, W. M., and C. O. Stallybrass.  
Textbook of Public Health. 300.  
Functional Program of Teacher Education, A. Curriculum Committee of the School of Education, Syracuse University. 288.

## G

Gates, Edith M. A Community Health Program for the Y.W.C.A. 297.  
Geiger, J. C. The 1940 Year Book of Public Health. 294.  
Germs and the Man. Justina Hill. 296.  
Girls' Friendly Society. Come Over to My House. 290.  
Gonorrhea in the Male and Female. A book for Practitioners. P. S. Pelouze. 297.  
Gould, Adrian Gordon, and Dean Franklin Smiley. A College Textbook of Hygiene. 297.

## H

Harley, D. L., and C. Gilbert Wrenn. Time on Their Hands. A Report on Leisure, Recreation, and Young People. 294.  
Hart, Hornell, and Ella B. Personality and the Family. 288.  
Hearings before the Select Committee Investigating National Defense Migration, House of Representatives, 77th Congress, 1st session, pursuant to H. Res. 113. 293.  
Hearings before the Committee on Military Affairs, House of Representatives, 77th Congress, 1st session, on H. R. 2475. 293.  
Hill, Justina. Germs and the Man. 296.  
Himes, Norman E. Your Marriage. A Guide to Happiness. 292.  
How Character Develops. A Psychological Interpretation. Fritz Kunkel and Roy E. Dickerson. 292.

## I

Industrial Health. Asset or Liability? C. O. Sappington. 295.

## K

Kunkel, Fritz, and Roy E. Dickerson. How Character Develops. A Psychological Interpretation. 292.

## L

Landis, Carney, and Co-authors. Sex in Development. 299.  
Levine, Milton I. and Jean H. Seligmann. The Wonder of Life. How We Are Born and How We Grow Up. 290.

## M

McGill, Nettie Pauline, and Ellen Nathalie Matthews. The Youth of New York City. 293.  
Mackenzie, Christine, and Elizabeth Sterling Soule. Community Hygiene. 295.  
Marriage. William Lyon Phelps. 290.  
Matthews, Ellen Nathalie, and Nettie Pauline McGill. The Youth of New York City. 293.  
Modern Dermatology and Syphilology. S. William Becker, M.D., and Maxmillian E. Obermayer, M. D. 90.  
Modern Marriage. A Handbook for Men, 2nd Ed. Paul Popenoe. 291.

## N

New York Tuberculosis and Health Association, 1940. Papers on Social Hygiene. 283.  
New York Tuberculosis and Health Association, 1941. Papers on Social Hygiene. 283.

## O

Obermayer, Maxmillian E., M.D., and S. William Becker, M.D. Modern Dermatology and Syphilology. 90.  
Office Urology. P. S. Pelouze. 298.  
Osborn, Frederick. Preface to Eugenics. 286.

## P

Papers on Social Hygiene. New York Tuberculosis and Health Association, 1940. 283.  
Papers on Social Hygiene. New York Tuberculosis and Health Association, 1941. 283.

- Pelouze, P. S. Gonorrhea in the Male and Female. A Book for Practitioners. 297.
- Pelouze, P. S. Office Urology. 298.
- Personality and the Family. Hornell and Ella B. Hart. 288.
- Phelps, William Lyon. Marriage. 290.
- Popenoe, Paul. Modern Marriage. A Handbook for Men, 2d Ed. 291.
- Preface to Eugenics. Frederick Osborn. 286.
- Proceedings of the White House Conference on Children in a Democracy. January 18-20, 1941. 285.

## S

- Sappington, C. O. Industrial Health. Asset or Liability? 295.
- Seligmann, Jean H. and Milton I. Levine. The Wonder of Life. How We Are Born and How We Grow Up. 290.
- Sex in Development. Carney Landis and Co-authors. 299.
- Smiley, Dean Franklin, and Adrian Gordon Gould. A College Textbook of Hygiene. 297.
- Soule, Elizabeth Sterling, and Christine Mackenzie. Community Hygiene. 295.
- Stallybrass, C. O., and W. M. Frazer. Textbook of Public Health. 300.
- Stepping Out. Martha H. Clarke. 290.
- Stokes, John H. Dermatology and Syphilology for Nurses. Including Social Hygiene. 299.

## T

- Textbook of Public Health. W. M. Frazer and C. O. Stallybrass. 300.
- Time on Their Hands. A Report on Leisure, Recreation, and Young People. C. Gilbert Wrenn and D. L. Harley. 294.
- The Wonder of Life. How We Are Born and How We Grow Up. Milton I. Levine and Jean H. Seligmann. 290.

## W

- Wrenn, C. Gilbert, and D. L. Harley. Time on Their Hands. A Report on Leisure, Recreation, and Young People. 294.

## Y

- Year Book of Public Health, The 1940. J. C. Geiger. 294.
- You Can Be Happily Married. Gilbert Appelhof, Jr. 291.
- Young, Hugh. A Surgeon's Autobiography. 298.
- Your Community. Its Provision for Health, Education, Safety and Welfare. Joanna C. Colcord. 284.
- Your Marriage. A Guide to Happiness. Norman E. Himes. 292.
- Youth of New York City, The. Nettie Pauline McGill and Ellen Nathalie Matthews. 293.
- Youth-serving Organizations. National Nongovernmental Associations. M. M. Chambers. 285.

# Journal v. 27 of Social Hygiene

## Social Hygiene Day Number

### CONTENTS

American Communities Face a New Challenge.....	Thomas A. Storey, M.D....	1
A Church Program for Defense Areas.....	Leland Foster Wood.....	10
New Jersey Takes Steps to Insure the Welfare of Army Recruits.....		16
A Memorandum to Y.W.C.A. Workers.....	Janet Fowler Nelson.....	22
A Radio Talk: Syphilis—The Deficit in Our Health Defense Budget.....	Florence S. Barris.....	26
Parent-Teacher Associations and Social Hygiene.....	Aimeé Zillmer.....	30
Pharmacy Cooperates.....	Joseph L. Stenek.....	33
Program Suggestions—Fifth National Social Hygiene Day.....		35
Examples of Special Programs and Projects.....		38
New York State NYA Observes Social Hygiene Day.....		40
Editorial: After Social Hygiene Day.....		42
National Events.....		44
Youth Notes.....		44
In and Out of the Newspapers.....		45
Publications Received.....		46
Social Hygiene Day Regional Conferences.....		47
Announcements.....		48

Fifth National Social Hygiene Day  
February 5, 1941

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM

WILLIAM F. SNOW

EDWARD L. KEYES

JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*

WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1940, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.

SOUTHERN STATES DIVISION: 282 Audubon Street, New Orleans, La.

MRS. WILLIAM HALLER, JR., *Field Secretary*

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.

MISS RUTH LEUTZINGER, *Field Secretary*

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311

MRS. GERTRUDE R. LUCE, *Field Secretary*

# WHAT YOU CAN DO TO CELEBRATE

★ ★ ★ ★ ★ FIFTH NATIONAL SOCIAL HYGIENE DAY ★ ★ ★ ★ ★

1. **Regional conferences:** Attend one of the five great regional conferences to be held on February 5, in New York, Philadelphia (February 6), St. Louis, New Orleans and Los Angeles.
2. **Community meetings:** Join with other interested groups and persons in sponsoring a community-wide meeting on February 5th. (The Social Hygiene Day kit contains program suggestions for such a meeting.)
3. **Group meetings:** At the regular meetings nearest February 5th, of clubs or other groups to which you belong ask the program committee to have a special speaker on social hygiene or a special social hygiene program. (The kit also includes suggestions for such a talk.)
4. **Newspaper publicity:** Write to the editor of your newspaper and ask him to run an editorial about Social Hygiene Day and its objectives, a feature story about syphilis, and a news story about your meeting plans. (The kit of program and publicity aids contains suggested releases in all of these categories. Help the program by giving this material wide distribution.)
5. **Other publications:** If your organization has a news sheet or other publication, carry a special item on Social Hygiene Day. (Some of the material in the folder, *We Face A New Challenge*, may be used, or special outlines and quotable material are available in the kit.)
6. **Radio programs:** Get in touch with your local radio station and ask the manager to schedule a special Social Hygiene Day talk or series of talks, with "spot" announcements. (The kit contains material suitable for broadcasting.)
7. **Motion Pictures:** Ask your local motion picture exhibitor to arrange for special showings of Warner Brothers' film, *Doctor Ehrlich's Magic Bullet*. Arrange to use the Association's one-reel film, *With These Weapons*, and the new film on *Social Hygiene and National Defense*. (Your State or City Health Department probably has prints of these last two which you can obtain free of charge. If not, prints are available from our Publications Service on a rental basis of \$5.00 daily.)
8. **Special exhibits:** Ask your local book stores and the public library to arrange special Social Hygiene Day exhibits of books and pamphlets. Also ask your drug stores and department stores to plan special window exhibits. In some places book stores have had special sales of social hygiene books for the week of Social Hygiene Day.
9. **Social Hygiene Day Materials:** Ask for a copy of *Your Guide to Social Hygiene Day Materials* which lists free materials and special Social Hygiene Day prices on many other items. (Our Publications Service stands ready to supply you with these materials.) Be sure to ask for an adequate supply of the *Herald of Social Hygiene*, our illustrated Social Hygiene Day newspaper, for distribution at your meetings. See that every one who attends has something to take home.
10. **Ask other groups to cooperate:** Call Social Hygiene Day and the opportunities for service that it offers to the attention of other interested individuals and organizations in your community. Ask us for a supply of *We Face A New Challenge* to use as a mail enclosure. Or, if you prefer, send us a list and let us forward announcements directly from this office.

Supplement to  
JOURNAL OF SOCIAL HYGIENE  
January, 1941, Vol. 27, No. 1

# Journal of Social Hygiene

VOL. 27

JANUARY, 1941

NO. 1

## Social Hygiene Day Number

### AMERICAN COMMUNITIES FACE A NEW CHALLENGE

THOMAS A. STOREY, M.D.

*Special Consultant, American Social Hygiene Association*

There is a vast difference between a community's routine social hygiene responsibilities under normal conditions and those imposed by wartime or preparedness activities.

An American community enjoying a high social hygiene rating in normal times has among its facilities:

1. Good services for early diagnosis and treatment of venereal disease cases; moderate costs for care so that every sufferer can be helped.
2. As a corollary of (1), low venereal disease rates.
3. Rigid law enforcement regarding repression of the prostitution "racket" and related commercialized underworld activities, i.e., disorderly conduct, drinking, gambling and other exploitation.
4. General observance of state premarital and prenatal health examination laws and state and local measures to protect juveniles from exploitation.
5. Wholesome, interesting recreation facilities for young people and opportunities for dances, and sports events; meeting-places, libraries, high-type commercial attractions, moving pictures.
6. Public interest and cooperation in furthering appropriate sex and health education in homes, schools and churches.
7. Correlated activities of religious, educational, welfare and civic groups.

8. A close working relationship between voluntary agencies and local, city, county and state health and probation services and the courts.

What happens to this picture when national defense activities are superimposed, producing a vast shifting of manpower from place to place, with huge concentrations nearby?

#### *New and Old Problems*

At first thought it may seem to the community that its social hygiene program is entirely adequate to meet any conditions. But history offers warning lessons to the contrary. National defense has imposed emergency situations and baffling new problems, in both urban and rural communities.

They are the same old problems, nevertheless, to those of us who worked on the World War program. Today's preparedness approximates to a great extent the 1917 situation. The difference now is that the country is preparing to remain at peace. We are not contemplating a sudden plunge into war. But this assumption only adds to the difficulties and urgency of planning wisely and acting immediately. A brief review of 1917 social hygiene defense measures will help to evaluate the task now before our communities.

#### *Social Hygiene History*

When the United States entered the World War in 1917, the medical profession was just beginning to get into its stride as regards application of the new medical discoveries for diagnosis and treatment of venereal diseases. The American Social Hygiene Association, then only a three-year-old infant organization, was in the preliminary stage of its efforts to build up state and community social hygiene interest and understanding. The nation as a whole had little idea of the nature and practicability of a social hygiene program for medical, legal, educational and social-protective measures.

But United States Army and Navy authorities knew from experience that a rise in venereal diseases was threatened. Army records from 1819 to 1917 indicated that this had always happened when a national emergency occurred, because venereal diseases always follow prostitution, and prostitution always follows armies. Even during Revolutionary War days George Washington showed great concern over the increase in venereal diseases among the soldiers. The "camp followers" were busy in 1776 as in other years and places of military concentrations.

Forearmed with records and new medical tools to fight venereal diseases, the Army began in 1917 its vast new social hygiene protective campaign. The Navy likewise strengthened its program; and the United States Public Health Service and the American Social Hygiene Association led the civilian, governmental and voluntary forces in correlated activities. Through this united effort a successful social hygiene campaign was evolved which to a large extent protected the



armed forces and the civilian population from the physical, moral and mental havoc which would otherwise have resulted. The American Expeditionary Force returned from Europe with General Pershing proudly announcing that it was "the cleanest army in the world," and quoting low venereal disease rates as a consequence. Public enthusiasm was high. The voluntary social hygiene groups which had operated across the country were encouraged to continue. Industry undertook to find and treat syphilis and gonorrhoea among employes. Congress, having appropriated funds for the United States Interdepartmental Social Hygiene Board,\* permitted the use of the unexpended balance and made additions, though in decreasing amounts, for the Public Health Service assistance to State Bureaus of Social Hygiene or Venereal Disease Control.

But the War was over and with the cessation of federal assistance, the states and communities lost their public support of aggressive action against prostitution and of programs for control of venereal diseases. Industry gradually discontinued most of its efforts. Newspapers, formerly generous with space for the war-time social hygiene program, turned to other subjects. Radio administrations placed restrictions against the mention of medical terms such as syphilis and gonorrhoea. Certain motion picture Censor Boards ruled against such subjects for presentation in public theaters.

For a period of a dozen years between the war-stimulated activities and the launching of the present nation-wide civilian program, the American Social Hygiene Association and its affiliated groups struggled to keep the social hygiene movement growing. With the increasing public interest and cooperation of medical, nursing, pharmaceutical and other professional groups, came convincing demonstrations of state and city venereal disease control programs and voluntary agency supporting activities. The public again awakened to the need for united action.

#### *A New Campaign Starts*

By 1936 the efforts of those interested finally achieved results with which we are all familiar. Public awareness of syphilis and gonorrhoea swept the country. Congress appropriated funds for aid to the states through an expanding program to be supervised by the United States Public Health Service and the state and local health authorities. Newspapers, radio, motion pictures now are all vigorously cooperating for public education. Industry is again assisting. Clubs, churches and fraternal groups, young people's organizations—all are informing themselves and are active in the crusade to rid America of venereal diseases.

#### *Social Hygiene and National Defense*

Today, then, as the nation builds its defenses, though we have the old social hygiene problems and some new ones to solve, we have

\* The Act creating this Board, however, has never been repealed, and it could be called together at any time as a functioning group if circumstances required such action. Members are the Secretaries of War, Navy and Treasury and the Surgeons General of the Army, Navy and Public Health Service.

these recent great gains on which to build. And we have the fresh impetus of patriotism and love of country and freedom to spur us on.

When the President in September, 1939, declared a limited national emergency, the American Social Hygiene Association at once marshaled its resources of trained personnel and wide knowledge of community social hygiene conditions for whatever assistance might be needed. The story of those early efforts has been told elsewhere.\*

Resolutions covering the essential points of a stronger social hygiene program as part of the national defense were adopted at the Conference of State and Territorial Health Officers in Washington, May, 1940. The activities of this program, which had been under trial by military and civilian authorities, the American Social Hygiene Association and cooperating agencies during the winter, were adopted in August, 1940, by the War and Navy Departments and the Federal Security Agency. In substance these were:

Early diagnosis; adequate treatment; location of infection sources; forcible isolation of recalcitrants; law enforcement and repression of prostitution; informational and educational social hygiene. At the request of the Federal and State authorities, the American Social Hygiene Association and affiliated social hygiene groups or other voluntary organizations continue to provide expert service and to develop public support for these and related measures.

#### *What Is the Community Situation?*

Within this framework, what social hygiene problems, then, must the community solve today in meeting the new demands of national defense? Before we can answer that question we must first consider the complicating factors growing out of preparedness:

#### **1. Among industrial groups**

Billions of dollars in new wages for defense industry workers.

Tremendous expansion of industrial areas. New plants built and to be built.

Tremendous shifts of industrial employes, both men and women, to established and new regions of industrial activity.

#### **2. Among the armed forces**

Registration of 16,000,000 young men. Under the Selective Service Act, 800,000 men may be inducted annually for at least five years to come—maybe longer.

Huge concentrations of these men, regular Army and National Guard personnel, in new or established bases or maneuver areas.

#### **3. In the community**

Influx of industrial workers in towns near plants.

Great number of young men in uniform during leaves and furloughs, if town is near new or established military or naval training base.

\* *Syphilis, Gonorrhoea and the National Defense Program*, by Walter Clarke, M.D., A.S.H.A. Pub. No. 298.

Translating facts into human factors, we have a picture of thousands of young men leaving home, facing new problems in new surroundings, spending their off-duty hours and looking for good times in strange communities. These men have money to spend. Not a great deal, in the case of the young soldier or sailor. More, in the case of the defense industry worker. The number of these men stationed in or near a community may outnumber the community's population.

### *One Community's Problem*

That identical situation already exists in some areas. For example, consider the plea of a community which recently described its situation in a letter to the Association:

"Our town has only a few thousand people. The Army has concentrated 30,000 troops eight miles away. The boys descend like an avalanche on our community in their free time. We haven't the facilities to handle their needs for good times and comfort. We want to help, but we are overwhelmed. What can we do?"

### *The Underworld Moves In*

This community and many others are facing their most serious problem of all because, although the decent element is not ready to entertain the soldiers, the underworld is already prepared and operating. Confidential studies prepared by the Association's trained staff of investigators show that organized exploiters have already leased, bought or built eating places, liquor taverns, dancing places and other buildings in areas around such small communities. Such devices, perfectly legal in themselves in the cases just mentioned, are being used simply as "fronts" to mask the operations of prostitutes and their bosses who want the money of the man in uniform or those away from home in defense industries. Such anti-social infestations blight the normal, wholesome life of a community by threatening the good health and morale not only of the soldiers, but of civilian residents and all young people the town wants to protect.

### *Beating the Prostitution "Racket"*

In this particular instance the community, though unprepared, can and should make a start to combat the underworld. Whatever recreational resources are available should be pressed into service and temporary ones built or borrowed for the time being. The church social rooms and kitchens, the halls and other social meeting places of clubs and societies, the auditorium, athletic field and other sports facilities of schools and colleges—all these are the tangibles on which the small community can make a good start in working out a "Good times in good company" program to head off or counteract the false and dangerous inducements of the prostitute and exploiter.

### *A Soldier Comes to Town*

Let us trace the two paths open to the average soldier or sailor who has a weekend leave. He comes to a community looking for a good time, a good night's sleep in a real bed, good food, and—most impor-

tant of all—a chance to meet real home girls. He is away from his own home and the restraints and duties of his military or naval station where his attention is centered on problems of:

Conditioning  
 Training  
 Morale and health building  
 Recreation and leisure time diversions  
 Discipline

Stepping out of that setting, what kind of a community environment will he step into during his weekend leave? He will find:

In an Indifferent Community	In a Prepared Community
1. Hostile or indifferent attitude toward men in uniform	1. Friendly welcome to men in uniform
2. "Profiteering" prices on food, souvenirs, rooms, recreational facilities	2. Community cooperation to provide low-cost decent food, rooms and good times for the visitors
3. No opportunities for the men to meet wholesome young women	3. Opportunities to meet the "right kind of girls"
4. No unified community social hygiene defense efforts	4. An active Social Hygiene Defense Committee
5. Lax law enforcement	5. Alert law enforcement
6. Excessive drinking, gambling and other slack social conditions	6. Rigid repression of prostitution, disorderly conduct and other slack social conditions
7. Inadequate medical facilities	7. Adequate medical facilities and expansion when needed
8. High venereal disease rate	8. Low venereal disease rate

The soldiers and sailors visiting indifferent communities are likely to return to camp damaged in morale and fitness for work—and quite possibly with a venereal disease infection.

If they visit friendly, prepared communities, they will return to camp high in morale, rested and in good spirits. Their interest in wholesome recreation, healthful social relationships and life generally will have been strengthened.

*Which community do we want our boys to find?*

### *Modern Transportation Is a Factor*

Contrasting 1941 with 1917 again, note what an important role modern fast transportation plays in determining social hygiene conditions. In 1917 the man in uniform did not have easy access to automobiles and those he could use were snail-slow compared to today's streamlined cars traveling over modern highways. When the young soldier or sailor went on leave it was difficult for him to travel far from his base unless he went by train. When the Army declared even a five-mile radius around cantonments inaccessible to vice and liquor, it was fairly adequate. But today the man on leave can travel great distances by auto, buses and other low-cost methods.

And by the same token, modern, rapid, inexpensive transportation enables the underworld to make use of trailers, "drive-in" resorts, and tourist cabin camps. This 1941 problem of the "mobile underworld" presents new and baffling social hygiene problems for law enforcement authorities. It is a condition which must be vigilantly combated by the community. It emphasizes the necessity for redoubled efforts to provide wholesome counteracting recreation.

### *Federal Plans for Cooperation*

The Federal Government has recognized the need for nation-wide cooperation in these national defense tasks. Paul V. McNutt, Federal Security Administrator and newly-appointed Coordinator of all health, medical, nutrition, social service, recreation and welfare aspects of national defense, is expected to weave together the efforts of military, naval, and official and voluntary civilian groups to keep national health and morale at par. But the communities must do their full share of the work.

### *A Challenge to Communities*

What changes, then, must be made in the normal social hygiene program to keep in line with these preparedness demands?

Score your community informally with the questions on this list. If you can answer "Yes" to a majority of these questions, your local social hygiene defense score is "good." If your town can answer "Yes" to *all*, your score is excellent.

#### **A. Recreational considerations:**

1. Is there a Social Hygiene Defense Committee in your community?
2. Has work begun on classifying recreational facilities already available?
3. Has a long-range, wholesome recreational program for the visiting men in uniform, or industrial workers, been planned and begun?
4. Are the young women of the town being wisely counseled and sympathetically guided in the new excitement of meeting young men in uniform? Girls like "good times in good company" as well as men, and these have often led to fine friendships and real romances.
5. Are there enough young women in your community to help entertain the boys on leave? Can wholesome, attractive girls from other communities be invited to supplement the young women in your own town? Remember, every young man wants to dance and talk to a nice girl. Too few girls and too many men means too much competition for the girls' attention. If nice girls are scarce, the lonesome soldier or sailor or industrial worker may be more readily influenced by a less wholesome kind of girl.

6. Can the men find decent places to rest, read, write letters, loaf, and meet their friends?
7. Are sufficient comfortable beds at nominal cost available for the men?
8. Are good meals available at reasonable cost?
9. Are plans being made to help families of drafted men readjust to new conditions?
10. When the Selective Service men have served their year and returned home, will your community have plans ready to help them readjust to civilian life again?

**B. Medical considerations:**

1. Does your community understand and support its local public health and state health programs?
2. Does your town offer adequate medical facilities and treatment, available to all who need it?
3. Can these medical facilities be expanded as needed and additional competent medical personnel added?
4. Has your community adopted a careful check system on venereal disease incidence since the defense program started?

**C. Legal considerations:**

1. Is there wholehearted public support of the efforts of the police and courts to repress prostitution, solve juvenile delinquency problems, combat crime?
2. Does your state have premarital and prenatal health examination laws? If so, are they impartially and rigidly enforced in your town? If not, does your social hygiene program include a plank to mold public opinion in favor of such laws?
3. Are laws governing the sale and control of liquor enforced?

**D. Educational considerations:**

1. Do your homes and schools provide appropriate teaching regarding sex and family life?
2. Do the churches cooperate through their adult and young people's clubs?
3. Are facts about venereal diseases taught in a matter-of-fact way, without emphasis or fear, just like information about other serious diseases?
4. Are helpful social hygiene leaflets being distributed to all young men of draft age through your town's church, school, social, welfare and civic organizations?

It is obvious from the above that much needs to be done to gear the normal, successful community program to meet the new conditions of preparedness. Towns with strong programs in force have a sound basis on which to expand such operations. Towns with only partially successful programs face a greater and graver task. Communities in which social hygiene defenses are almost completely lacking must start from scratch—and at once.

In any successful social hygiene efforts in behalf of national defense, the churches should play a leading part. They have the reputation, training, influence, skilled leaders and physical facilities. As the spiritual leaders of America, the churches are vitally concerned with all problems threatening high ideals and morale. The pastors, priests and rabbis and their congregations are in the front ranks of those on whom social hygiene depends for initiative and leadership in the work.

Educational, welfare, health and social organizations should join with religious groups. A close cooperation should be maintained with the local, county and state medical authorities, the community medical groups and law-enforcement authorities.

These efforts should be begun without delay. Social hygiene problems are bound to be among the most significant considerations in our national life. We cannot afford to drift, or to rest on past social hygiene gains.

But we need not fear our present task. We must consider it as a new health social frontier to be won. Just as American pioneers pushed through the wilderness, so today social hygiene workers are new pioneers, steadily forcing back the hostile forces allied in promoting the spread of the venereal diseases. We can make the day come when syphilis and gonorrhoea and all the physical, moral and mental wreckage they create, will be all but forgotten rarities.

That is the challenge to American communities in 1941. That the communities will accept that challenge is certain. A dramatic new chapter and victorious climax to the story will be written in the months ahead.

## A CHURCH PROGRAM FOR DEFENSE AREAS

LELAND FOSTER WOOD

*Secretary, Committee on Marriage and the Home, Federal Council  
of Churches of Christ in America*

In any endeavor for human advancement, religious groups have a basic part to play. In the present national emergency, the spiritual welfare and health protection of young people, whether in the armed forces, defense industries or civilian life, command particular attention.

The importance and need of practical programs for youth groups are indicated by stories already coming in from American communities. In particular, the small town, which has scarcely sufficient recreational and social facilities to meet the needs of its own youth, is being overwhelmed by large numbers of men on leave from nearby camps or defense industries. In some instances the armed forces far outnumber the community's entire population. It is evident, then, that local recreational and other facilities can not provide for such situations, and that all groups—local, state and national—must put a shoulder to the wheel.

At the Biennial Meeting of the Federal Council of Churches in Atlantic City in December, 1940, and in church circles throughout the country, there has been deep concern for the needs of young men in army camps and of young people in vital industrial areas far from their homes and without adequate community provision for their moral and social well-being in leisure hours.

Exploiters, seeking to profit at the expense of intensive patriotic activity, are particularly persistent in times like the present. Prostitutes follow camps—even in trailers. In describing this modern phenomenon a General is reported to have said, "The army is mechanized and the prostitutes are motorized." The integrity of family relations is necessary to the morale of men whether for war or for peace. If family ties are weakened and men are corrupted through degrading experiences, the sense that they have something to live for and to fight for will be impaired.

These dangerous conditions were discussed in the Seminar on the Church and Social Change at the Biennial Meeting referred to. The findings recommended for study by the churches are indicated by the following quotations:



“While in the First World War the American Army was the cleanest of all, still venereal diseases caused more hospitalization than wounds, and an average of three days per enlisted man were lost on that account. Army and Navy officers now warn men against the dangers of infection, but also provide every man on leave with a prophylactic kit.\* In spite of laws, there is again evidence that commercialized vice tenaciously surrounds army cantonments, liquor is far more prevalent than in the former war, and there is as yet no provision for army control of liquor sales in the surrounding five or ten mile zone. In the face of the emergent menace of this general situation, we recommend that all denominational and interdenominational agencies use all available means to influence local churches to take the following steps, and provide them materials and guidance in making these effective:

- “1. A careful study by each church of its own situation as affected by the army training program, and preparation to do what it can to meet the emergent needs.
- “2. Work with community, social and government agencies in every available way to curb the demoralizing influences and forces which so frequently accompany army life.
- “3. Special preparation and counsel given to young men subject to draft or enlistment, both by individual interview and group work, to enable them to withstand the moral temptations of army life.
- “4. Reaching and serving in these respects young men subject to draft or enlistment and not now in any church fellowship.
- “5. Increasing and improving provisions for teaching which is both scientific and Christian regarding relationship between the sexes from childhood on into parenthood.”

It was further recommended that the Federal Council of Churches and the Home Missions Council of North American cooperate:

“to encourage local religious and social agencies to form a general community body through which all may cooperate in serving the trainees; to encourage pastors and churches to give suitable recognition to trainees leaving for camp and to maintain communication with them when they are away; to cooperate with the military authorities to give such assistance within the camps as may be acceptable to the

\* *Editor's Note:* This refers to the availability of mechanical and chemical prophylactic materials for purchase at the Post Exchanges or other places, in addition to the prophylactic stations for administration of prophylaxis under military supervision immediately after exposure. Both of these measures are links in the whole chain of procedures calculated to prevent or reduce the consequences of infection with syphilis and gonorrhea. The Preliminary Statement by the Special Joint Committee appointed by the American Social Hygiene Association and the U. S. Public Health Service said: “The place of chemical and mechanical prevention measures is at the point where educational, religious, social and legal efforts have not yet succeeded in preventing exposure to infection.” (See *Journal of Social Hygiene* [Supplement], November, 1940; *Journal of the American Medical Association*, October 5, 1940; and *Venereal Disease Information*, October, 1940.)

authorities; to provide for the needs of trainees when they are off duty, through whole-hearted cooperation of religious and social agencies; and to cooperate with all agencies seeking to eliminate unfavorable social conditions in communities near camps."

The denominations were called upon to make secretarial personnel available to the General Committee on Army and Navy Chaplains in setting up cooperating agencies in communities.

In the interest of inter-racial understanding it was recommended

"That the churches in communities near camps where Negroes are in training give special attention to maintaining good relations between the races under the trying conditions of camp and community life."

It is in those outside areas that community coordination with Church leadership is especially vital, because history teaches us that during intense preparedness efforts, anti-spiritual forces try to take full advantage of unsettled emotional conditions stimulated by defense activity. Among the most demoralizing of those forces is the commercialized exploitation of women, leading to the spread of venereal diseases, with the resulting breakdown in physical fitness, high ideals and happiness of both men and women.

Such anti-social forces make every effort to confuse the people in the surrounding civilian communities near training camps and insidiously try to block both official and voluntary efforts to clean up bad conditions. Pornocracy is a grotesque antithesis to democracy and an insidious foe.

Every church is vitally concerned with all matters affecting ideals, social well-being and character-building. An outline of some church activities and resources valuable to health, morale and national defense may be indicated in terms of what a church might do in the vicinity of a military post.

It would, of course, maintain its customary, well-rounded, religious program—the central contribution of every church to the community. Revolving around that essential sphere of spiritual activity would be the church's regular social and welfare work—such as men's, women's and young people's clubs, discussion groups, social functions, war relief, refugee relief, and social action.

Most of those activities can be easily adapted to making the visiting men in uniform and defense industrial employes feel at home in the community. It must be remembered that these young people, many of whom have come from active church life in their own cities and towns, are as much entitled to the interest of the church and a welcome from the church in their new situation as they are in their own home localities. This will not happen, however, unless ministers and laymen work together to make it so. A man whose duties have recently taken him to a number of camps reported that he saw no

evidence that the churches in surrounding areas were taking any special interest in inviting the men to their services.

The interest and welcome of the church should take the form of a normal, well-balanced program of spiritual and social opportunities for both visiting young people and young people who are permanent residents of the community. Get-together dinners, young people's informal supper meetings and other events designed to meet the social needs of these young people are particularly desirable. Special events should be so planned as to include a warm and kindly welcome for young newcomers to the church and community.

In helping build and advance strong ideals and physical fitness of American youth, the nation's churches possess invaluable tools. Aside from the value of their spiritual leadership, established prestige and recognition of life's highest aspirations, the churches possess specific assets and facilities of the greatest importance in obtaining public good will and participation. Church memberships and congregations are distributed throughout the community, thus making it possible to enlist the interest and services of a wide cross-section of individuals who are accustomed to "work for the church." Among these are many adults and young people who are trained group leaders, experienced in organizing recreation, social events, discussion programs or just informal good times.

Another factor of great importance in the present situation is that the churches have buildings which can be utilized for young people's good times. Parish-houses and clubrooms, equipped with pianos, radios, games and other recreational materials; auditoriums for mass-meetings, plays, pageants, moving-pictures, large parties, banquets and dancing (where the latter is thought desirable); libraries, reading-rooms, outdoor recreational areas and lawns—all are highly useful at all times and especially useful and needed right now.

With such facilities, buttressed by the church's wide experience in promoting human relations at their best, the country's religious institutions are well equipped to play a large part in safeguarding the spiritual and social interests of young people in these critical times.

In carrying out such a program, the following specific suggestions are offered:

1. *See to it that the church family keeps informed about and in touch with the young men while they are away at camp. In the field of social hygiene, make sure that they receive the facts which they need for their own protection from the infectious diseases, syphilis and gonorrhoea.* A leaflet setting forth these facts effectively, entitled, *So Long Boys—Take Care of Yourselves*, by Dr. Walter Clarke, can be secured from the American Social Hygiene Association, 1790 Broadway, New York, as their contribution to the health program. Write to the Association, the Federal Council of Churches, or the National Recreation Association, 297 Fourth Avenue, New York, for further information regarding educational and program material.

2. *Send representatives of the church and the community to see what sort of recreational programs are offered in the camps. Some are good but without vigilance the standard will sag badly in places.*

A veteran of the last war who had been in service in two camps and whose wife had participated in entertainment for the troops over seas, after a recent visit to one of the camps wrote:

"Mrs. \_\_\_\_\_ and I, together with several friends, went down to Camp \_\_\_\_\_ on Sunday.

"During the afternoon we attended an entertainment that was given at the camp for the enlisted personnel and had the surprise of our lives. As sophisticated as I have felt that I was, it was the filthiest piece of business I have ever experienced. It was just rotten, cheap burlesque that without a doubt produced in the minds of these young kids the kind of thing that would lead them to a G.U. Camp.

"If this is the kind of stuff they are dishing out to build a strong country and an adequate defense, I think it is about time that some of us, veterans and men in business life, get together and find out where the responsibility lies."

3. *Extend a whole-hearted, sincere welcome to the young men visiting town from camp and defense industries. Use the local newspapers, the church news-letter and public bulletin boards for this purpose.*
4. *Organize and carry on wholesome, low-cost "Good times in good company" programs for community young people, young men from camp and new community residents in defense projects. Special social events should be planned to coincide with evening and weekend free time of the visitors and industrial employes.*
5. *Special attention should be paid to the needs of young women. High-type, attractive girls will naturally be called on to lead the way in entertaining the visiting young men; wholesome, attractive, but emotionally unstable girls need special sympathetic guidance in order to insure their good times. Young women industrial workers and other feminine employes who are in new strange surroundings working under great pressure, need the utmost in patient counsel and wholesome recreation.*
6. *Arrange suppers and luncheons for the visitors. Publicize such events well in advance. Keep charges as low as possible, since the boys have little money to spend.*
7. *Invite the visitors to make free use of the church library, reading-rooms, also any indoor or outdoor recreational facilities available on church property or through church affiliation. Provide writing paper and envelopes, free or at cost. Make the men feel wanted and welcomed in the church.*
8. *Help to provide clean, comfortable housing for the visitors and those industrial employes stationed for a lengthy period*

*in the community.* A canvass of the church membership to secure dependable information about available, moderate-cost rooms is a service which will be very helpful in many places.

9. *Prepare for the general "good times" so prized by young people.* Cheerful meeting-rooms, comfortably furnished with chairs, tables, a radio and piano, if possible, should be placed at their disposal at all times, for week-night "dates" and spontaneous get-togethers. This is very important, because modern crowded housing conditions too often force young people away from their homes and into questionable places in search of privacy in which to talk and enjoy themselves. The church, by meeting this need for natural, homelike meeting-rooms for all young people in its sphere of influence can make a notable contribution toward maintaining high morale and good social tone.
10. *Arrange special services—music, singing, special concerts.* Each minister will want to preach friendly and instructive sermons for both visitors and congregation, including straightforward facts about the community's responsibility for meeting and combatting anti-spiritual and anti-social forces and for maintaining a high moral level in and near its borders.
11. *Private homes of church members should provide a welcome for young men in uniform, where possible.*
12. *A warm welcome and social opportunities should be made available for families of men in uniform absent most of the time in line of duty.* The many families moving to new communities because of defense activities need the friendly interest of church people in their new home town.

While these suggestions indicate the possible needs arising from the present situation and the potential service the churches can render in filling them, they are intended merely to stimulate planning. Useful and adequate programs that will meet the challenge of these chaotic times will require the thought, energy and devotion of every interested person in every church family throughout the land.

## NEW JERSEY TAKES STEPS TO INSURE THE WELFARE OF ARMY RECRUITS

The State of New Jersey, always on the alert to seize opportunities for its citizens, is losing no time in the present program for national defense. The New Jersey Defense Council, under the chairmanship of Audley H. F. Stephan, has ten advisory committees and five administrative committees. Important to the public health worker is the advisory committee on *Health, Welfare and Recreation* under Commissioner William J. Ellis, chairman, with Dr. J. Lynn Mahaffey, sub-chairman on Health, and Dr. Joseph E. Raycroft, sub-chairman on Welfare and Recreation.

The *Proclamation* by Governor A. Harry Moore and the description of the New Jersey Defense Council community program which follow will be of interest to all who are engaged in social hygiene work, as an instance of a special effort to prevent and control syphilis and gonorrhoea.

### PROCLAMATION

The critical state of world affairs has made necessary the Act of Congress by which hundreds of thousands of our finest young men are being selected for intensive military discipline and training. Several of the most important centers for this work are located in New Jersey. The greater proportion of those called into the service of the nation are young men at that plastic and generous period of life when their service to their country should be surrounded by wholesome and constructive outlets for their recreation and "leave" time.

Our responsibility for their essential welfare is not open to question. These young men are responding to the highest call of the community. They are being asked, as a minimum, to divert a year or more of their lives from the course of their normal aspirations and development, in the interests of the whole people. We should cooperate with military authorities to see that they are not surrounded by a vicious and demoralizing environment. Nor should we leave anything undone which will protect them from unhealthy influences and crude temptations. Our responsibility to the families and communities from which these men are selected is clear.

Therefore, I, A. HARRY MOORE, Governor of the State of New Jersey, call upon the good neighbors, the responsible citizens, the men and women of good will, who, by and large, compose the leadership of our sound community life, to volunteer their interest and services for the organization and active support of Community Defense Service Councils. The objective of these shall be so to create, direct, and redirect recreational, social, civic and other community activities as to promote the health and conserve the vitality of the men in the training camps, particularly during that portion of their time when they are at leisure to visit nearby communities in search of recreation and relaxation.

I am certain that thousands of the citizens whose duty includes services other than the military will at once realize the importance of what I am asking and will welcome the opportunity afforded them to extend friendly and understanding support of this means to those who must bear the brunt of personal sacrifice in the military service.

I am equally certain that such citizens will welcome this call to serve their immediate neighbors, their communities, the State of New Jersey, and the United States of America as offering an opportunity to express in a tangible way their personal devotion to our ideals as a nation.

Not only may volunteers expect thus to render a personal contribution to the happiness and well-being of the young defenders of our country, but they may also look forward in all hopefulness to that day when Peace may come again into this troubled world, and men and women practiced in the services of good will may be called upon to offer the difficult services and sacrifices incident to the construction of an enduring peace.

*Given* under my hand and the Great Seal of the State of New Jersey, this seventeenth day of October, in the year of Our Lord one thousand nine hundred and forty, and in the Independence of the United States the one hundred and sixty-fifth.

A. HARRY MOORE  
Governor.

*Attest:*

THOMAS A. MATHIS  
Secretary of State.

#### NEW JERSEY DEFENSE COUNCIL

As an integral part of the Local Defense Councils, *Community Defense Service Councils* will be organized throughout New Jersey under the general sponsorship and direction of the State Defense Council. In his proclamation of October 17, 1940, Governor Moore asked that the responsible citizens of every community volunteer

their services to organize local Community Service Councils. Their object is to create, direct, and redirect recreational, social, religious, civic, patriotic, and other community activities in support of the military training program being inaugurated by the Federal Government.

Health, welfare, and recreation are essential parts of any program of training for national defense. Men are even more important than machines. Morale is as essential to the soldier as his gas mask, his gun, or his technical knowledge of how to use them. Morale is just as important to the industrial worker engaged in supplying the military and civilian needs of the nation, as are the tools and the skills with which these tasks are performed. Civilian morale is equally vital.

### *The Problem*

Therefore it is necessary to mobilize and coordinate the efforts of all existing community service organizations and to create new ones where gaps now exist. The service field is threefold:

1. Service to the enlisted men of the army and navy with special emphasis on those communities adjacent to army or navy posts.
2. Service to industrial workers, particularly in those communities where armament requirements have enlarged productive facilities to a point where existing housing, health, and recreational facilities may be over-burdened.
3. Service to the civilians, the folks back home, who must maintain their morale, their productive facilities, and their community standards under conditions which may become more adverse as the ensuing months come and pass.

### *Types of Services*

1. *Club service for soldiers, sailors and industrial workers.* Existing facilities for recreational and social use, such as the Patriotic and Fraternal Orders and their auxiliaries, the Y.M.C.A., the Knights of Columbus, the Y.M.H.A., the Y.W.C.A. and the allied social service facilities of churches, agencies for service to Negro citizens, athletic clubs and other civic organizations, should be reoriented and supported in order that they may become service clubs where soldiers and sailors on leave, and industrial workers from the same and neighboring communities may find facilities they require, the cordial welcome, and the active program which will render these focal centers during their leisure hours. In many instances it will be necessary to rent or acquire additional facilities for service clubs, efforts being directed to providing suitable buildings, including check-rooms, over-night rooms, reading, writing, and game rooms, shower baths, swimming pools, cafeterias, dancing and other social facilities under responsible direction and at a nominal cost to those who use them.

2. *Opening of homes.* We may count on the opening of many homes of private citizens to service men, both in uniform and out, with opportunities under good auspices for social contacts between



private families and young men and women. There should be organized stimulation and direction of these affairs.

3. *Community music including singing* is an important device for promoting acquaintanceship and good morale. Every community defense service council should have a sub-committee charged with the organization of this kind of function at frequent intervals.

4. *Athletic facilities and competition.* Programs of friendly athletic competition with teams representing army, navy and industrial organizations of nearby communities should be organized by special sub-committees of local defense councils. These should also arrange for informal use of facilities for tennis, squash, handball, swimming and other facilities now available in the community or to be provided by community effort.

5. *Welfare and community service.* There will be need for sustaining and, in some cases, enlarging all existing private social and health agency services. These agencies should receive the support they require in order to maintain their present services to the community and in addition to enlarge their scope with respect to assisting travelers, who wish to visit service men and women, who may be quartered in or near the community as well as assisting with the problems of those who may be partially or wholly stranded in the community, and with nursing and other services of health protection, both public and private.

6. *Cooperation with civilian and military authorities.* Community Defense Service Councils will find many opportunities to advance the interests of their communities and clients by cooperating with civilian and military authorities on special projects and in regular routine in areas which no doubt will define themselves once operations have begun.

### *Organization*

Where a local Defense Council (cooperating with the New Jersey Defense Council) now exists, a Community Defense Service Council will be appointed by the Local Defense Council of the New Jersey State Defense Council. Where no such local defense council now exists, the Community Defense Service Council may be organized by a committee representing the various community service agencies now acting. Where no local service agencies exist a committee of interested citizens desirous of developing patriotic community services may be commissioned for this purpose. All commissions will be issued at the discretion of the State Defense Council and may be revoked for cause at any time.

Charters will be issued to Community Defense Service Councils as soon as they have filed satisfactory articles of organization with the State Defense Council. Thereafter instructions to be issued by the State Defense Council regarding community service will be directed to those organizations so chartered.

A local Community Defense Service Council should be composed of representative citizens who are recognized leaders in public and

private organizations such as: the municipal governing body, the Public Schools, Municipal Park and Recreational boards or departments, Chambers of Commerce, Organized Labor, Churches, Patriotic and Fraternal Orders and their Auxiliaries, Y.M.C.A., Y.W.C.A., Knights of Columbus, Y.M.H.A., agencies that service the Negro citizens, Social Welfare Agencies of every kind, Community Chests, Service Clubs, Women's Clubs, Junior Leagues, Parent-Teacher Associations, Historic Societies, athletic and recreational clubs, the American Legion, Veterans of Foreign Wars, American Red Cross, and other civic organizations.

A coordinating council to be representative of participating organizations shall elect officers, arrange for joint appeals for public participation and financial support and have general direction of the combined community defense service program.

### *Functions*

The areas in which the coordinating council will function are:

1. *Liaison-contact* with military authorities in order that facilities and functions of cooperating agencies and committees may be integrated with the training programs.

2. To act as a *clearing-house* for the establishment of community enterprises and events in order that conflict and overlapping may be avoided so far as practicable.

3. To act as a *Promotion and Sponsoring* organization for all special programs, particularly for protection of health and welfare.

4. To act as a *Special Service* organization.

### *Activities*

#### *A. Services to the Camp*

1. The need for athletic equipment and play equipment.
2. Books for the camp libraries—cooperation with the American Library Association, the state and local libraries.
3. The need for local community talent of all kinds—community song leaders, musicians, etc.
4. Services and aid to the hostesses and the recreation buildings in the camp.
5. Aid to the girls' and women's organizations, especially for dances and parties at the camp.
6. Need for safe transportation of the boys to Trenton, Camden and Philadelphia.
7. The need for no overcharging.
8. Control of vice, liquor and gambling.
9. The need for better eating conditions and better food in all the small eating places growing up around the entrance to the camp.

*B. Services in the Community*

1. Information Service (this may be assigned to the Chamber of Commerce)—Booths at Trenton bus and railroad offices; a directory of the clubs, hotels, movies, fraternal orders, churches; a weekly bulletin of entertainment.

2. Traveler's Aid—Helping visiting parents, wives, sweethearts, and friends; the investigating and listing of rooms and housing accommodations for relatives and friends and also for the service men themselves.

3. The immediate provision for rest rooms with checking facilities, where soldiers may lounge, rest, and meet each other.

4. Later, the need for an Enlisted Men's Center where they can wash up, get a shine, a shave and shower—where they can get good food at fair prices and get a reasonable bed with clean sheets.

5. Local dances, socials, and parties—these can well be arranged by fraternal orders and social clubs.

6. Church cooperation and entertainment—there are many things that the churches can do in meeting the need for religious direction and spiritual guidance. Each church can be a valuable and helpful center for these vital services.

7. The Y.M.C.A., the Y.W.C.A., the Jewish and Catholic local organizations can all become centers where many services can be rendered.

8. Municipal facilities—all the baseball fields and other athletic recreational resources can be used.

9. The schools can make a contribution. The high school gymnasium can be used on Saturday evenings for large athletic entertainments.

These are but a few of the immediate suggestions. There are many others. All these different services can be grouped under the following headings and are not to be regarded as more than a general indication of the range of possible activities.

1. Information Service
2. Hospitality
3. Entertainment
4. Traveler's Aid
5. Cooperation with Churches, Fraternal Orders, other Civic Organizations
6. Complete use of Municipal Resources, Schools, Parks and Recreational Centers
7. Camp and Community Singing and the Music Program
8. Girls' and Women's Work
9. Soldiers' and Sailors' Clubs and Centers
10. Athletics
11. Social Recreation and Dancing.

## A MEMORANDUM TO Y.W.C.A. WORKERS

*Recently issued by the Committees on Health Education and Family Relations.*

December, 1940

To: HEALTH EDUCATION SECRETARIES AND COMMITTEES  
FAMILY RELATIONSHIPS COMMITTEES

In September 1937 the national Health Education and Family Relationships Committees wrote you a letter<sup>1</sup> briefly indicating our stake as a Y.W.C.A. in the various local and national venereal disease campaigns, which under the stimulating guidance of Dr. Thomas Parran, Surgeon General of the United States and the American Social Hygiene Association were claiming increased attention throughout the country. In the same letter, we also briefly outlined from the standpoint of program building what we considered the relation of a "specific" such as venereal disease, to a total sex education program; the relation in turn, of sex education to a total health education or education for marriage program.

And now, three years later? More earnestly than ever before do we submit that a positive philosophy of sex—in life, in love, in marriage—must be retained. But remoteness from reality, ostrich-like escapism is not the way to protect our ideals. Perhaps just because we do care for the essential verities of sex, we must face the grim realities of today's war-torn world, and the special problems of our own defense plans, lest there be grimmer realities tomorrow.

One of the first realities to face up to is the fact that government and health agencies in this emergency are confronted with the development of prophylactic programs "at the point where educational, religious, social and legal efforts have failed to prevent exposure to (venereal) infection." The quotation is from a preliminary report of the special Joint Committee appointed by the American Social Hygiene Association and the United States Public Health Service published in the *Journal of the American Medical Association*, October 5, 1940.<sup>2</sup> If you look up this article, as we hope you will, you will find some kindly editor in final proof substituted the words "have not yet succeeded in preventing" for "failed to prevent." Whether or not one can with integrity accept the tempered correction rests, does it not, on realistic examination of past and present programs—recreation, health and education-wise?

This same report, at the same time it forces us, if we are honest, to accept our share of responsibility for existing conditions, also gives us our cue to positive conduct in the present emergency, when we read:

<sup>1</sup> Later published in the *JOURNAL OF SOCIAL HYGIENE*, Vol. XXIII, Nov. 8, 1937.

<sup>2</sup> Also published in summary as a supplement to the *JOURNAL OF SOCIAL HYGIENE*, November, 1940.

"The Committee is cognizant of the fact that chemical and mechanical prophylaxis is only one phase of preventive medicine. The prevention of syphilis and gonorrhea by chemical or mechanical means is supplementary to and not a substitute for the prophylaxis of these diseases by educational measures which employ ethical and religious motives. Nor does chemical or mechanical prophylaxis justify any relaxation of efforts to reduce to a minimum exposure to infection by discouragement of prostitution and other forms of sexual promiscuity. In the case of syphilis and gonorrhea, as with other communicable diseases, the best and surest method of prevention of infection is the avoidance of exposure. Educational, religious, sociological and legal activities which tend to prevent exposure to infection are of great importance."

These remarks are obviously part of a preventive program, prevention of exposure. They are pertinent to every member of every staff, of every committee or board of every local Y.W.C.A. It may well be, however, the specific responsibility of Health Education and Family Relationships Committees to assume initial responsibility.

Sexual promiscuity is of course the one most important cause of venereal disease. In regard to "catch-as-catch-can" sexual contacts, in a recent issue of the *Woman's Press*, one reads:

"... sex at the promiscuous level is not debatable. It is either a primitive expression of the sex drive without any of the emotional values with which civilization has associated that drive, or no more imperative than a snappy party."<sup>1</sup>

To us, in our ivory towers, that may seem a grotesque comparison. Nevertheless competent observers have frequently noted simple elements of sociability in the lounging, laughing, cigarette-smoking crowds of men that stand in line on those streets in one or another seaport town where the licensed houses are located.

Maybe a party doesn't sound dramatic, a "date" is old stuff, but there is a very real need for recreation centers, movies, picnics, somewhere to go, something to do, somebody to be with! Maybe your opportunity lies in the extension of already existing program, maybe in cooperation with other groups.

A further important extension of already established program is increased emphasis on an over-all education-for-marriage program, one that includes such specifics as venereal disease, birth control, but presents them in relation to a broader concept of marriage than sex hygiene, important as the latter is. Dr. Valeria Parker, in a recent release *Important Elements in National Defense*, further challenges us when she says:

"... the church believes in the possibility and desirability of controlling sexual impulses. It is concerned not only with healthy

<sup>1</sup> *War Weddings*, Janet Fowler Nelson. (*Woman's Press Magazine*, December, 1940).

bodies but with character. Medical measures cannot erase from mind and memory experiences of illicit sexual relationships. If education and ideals are valuable in building up resistance to degrading sexual experiences, we may well ask church members (and we ask Y.W.C.A.'s) how far such education and ideals are being presented to young people."

Realistically, however, and difficult as it may be for us to accept responsibility in this area, there is a further obligation to society, to our own community, that we must acknowledge, i.e., prevention of disease itself when prevention of exposure to disease has not succeeded. No wishful thinking here, please. It is a matter of recorded fact that a familiar phase of war psychology is a great increase in sexual promiscuity. To be sure, we are not yet at war, but there is unmistakable evidence of war-time psychology in terms of heightened emotion and tensions and strains. Moreover, any concentration of men, in groups such as our defense program already has produced, is wide open to commercial exploitation. At any rate you may be sure that the underworld is betting on it, and is organized. Our only possible action in such a situation is:

(1) Increased emphasis on positive recreation and educational programs as indicated above; and—not "or."

(2) To the extent we have not reached and have not prevented, cut our losses and forthrightly support government and health agencies in their prophylactic programs.

The health of the individual man is at stake, so also is the health of his family and of his community. Moreover, since the prophylactic methods currently endorsed by the special Joint Committee are efficacious, great diminution of syphilis and gonorrhoea would result if they were widely understood and correctly utilized by those who expose themselves to infection. And thereby personal, family and community disasters and the economic losses which result from these infections would be reduced.

No, the United States, today, is not at war. But before this letter reaches you we will be "in uniform." Emphasis on the enduring values of marriage, on the essential verities of sex, are important as never before. As we plan our program for youth whom we love and trust, remember we are asking them to operate on a basis of established convention in a situation fraught with insecurity, not alone marital. There's a question-mark, not a period, to selective service. They face emotional exploitation as surely as militaristic. Unfortunately there is some validity to the "last fling" psychology which sweeps them on. Only to the extent that we ourselves face up to these disconcerting factors can we with integrity encourage them to distinguish the real from the unreal, the dross from the gold.

Yours very sincerely,

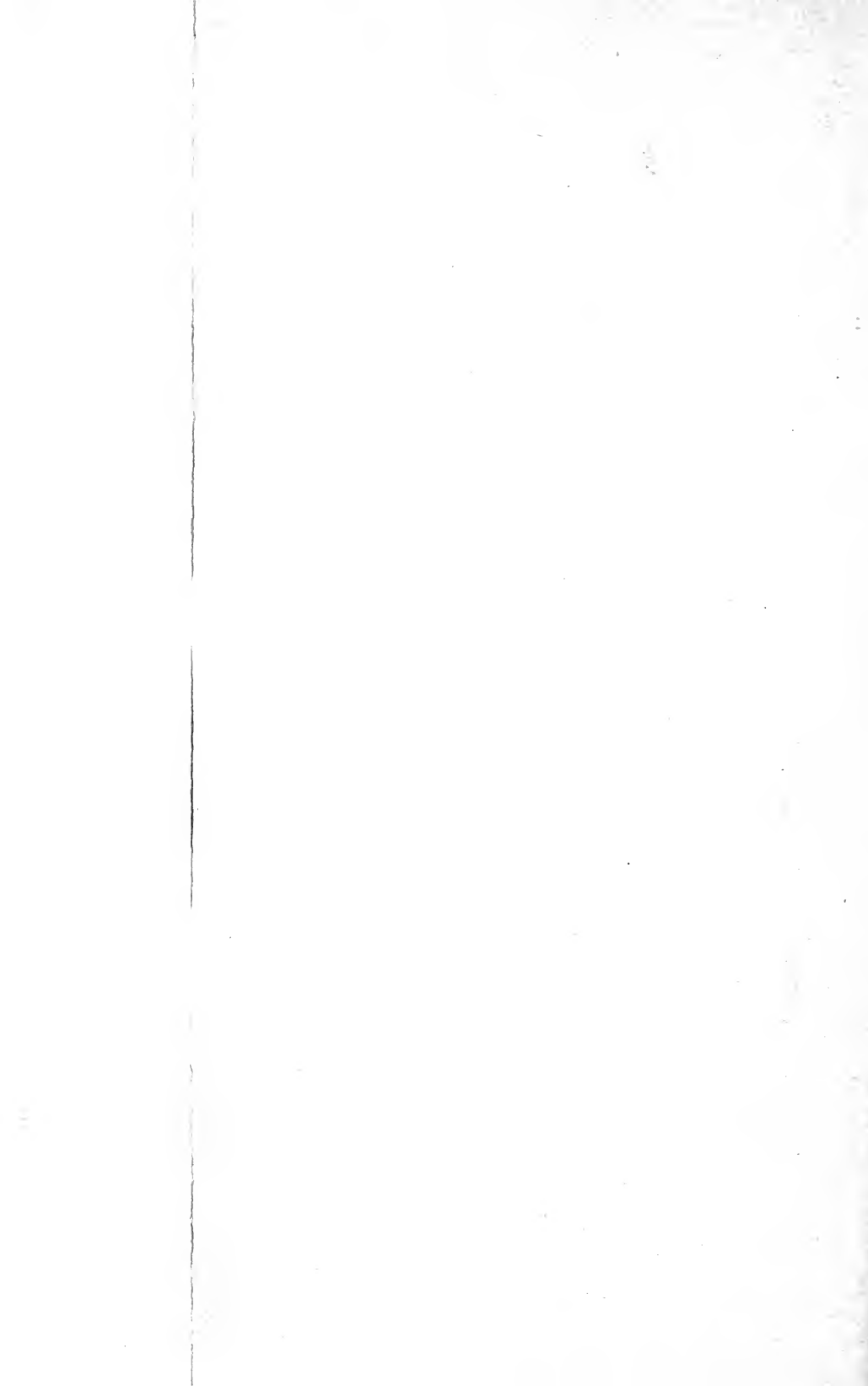
EDITH N. GATES

*Health Education, Division of Community Y.W.C.A.'s*

JANET FOWLER NELSON

*Family Relationships, Division of Community Y.W.C.A.'s*







For literature on the subject of venereal disease write:

- |   |  |
|---|--|
| 1. Division of Venereal Disease<br>U. S. Public Health Service<br>Washington, D. C. | 2. American Social Hygiene Association<br>1790 Broadway<br>New York, N. Y. |
|---|--|

Detach and return to MISS EDITH M. GATES or DR. JANET FOWLER NELSON,  
 600 Lexington Avenue, New York, N. Y.

This letter was presented to:

Board.....	Date.....	By.....
Committee.....	Date.....	By.....
Committee.....	Date.....	By.....

The following action was suggested .... recommended .... voted ....  
 Please be specific when possible.

For example: .....

- a. What specific problems have come to your attention and what ones do you foresee? .....
- b. What program already exists to meet these needs? What additional resources, within the Association and community, can you call on? .....

Signed by .....	Position.....	Ass'n.....
City .....	State .....	Date .....

### “Good Times in Good Company” for Young People Urged by Women of America

“The American Social Hygiene Association, in its program for *Fifth National Social Hygiene Day*, points the effective way to build *Youth Health Defense* against venereal disease. Syphilis, the *Enemy of Youth*, must not weaken the nations’ young man power nor threaten the health and happiness of our future families and homes. American women can make a notable contribution to national defense and strength by helping to provide *good times in good company* for the nation’s youth in this emergency. Women of the nation will proudly accept that challenge as a patriotic privilege.”

From a statement endorsed by the following national women leaders:

Mrs. Saidie Orr Dunbar, *president*, General Federation of Women’s Clubs; Mrs. Maurice L. Goldman, *president*, National Council of Jewish Women; Mrs. William Kletzer, *president*, National Congress of Parents and Teachers; Mrs. Shepard Krech, *president*, Maternity Center Association; Dr. Minnie L. Maffett, *president*, National Federation of Business and Professional Women’s Clubs; Dr. Janet Fowler Nelson, *national secretary*, Committee on Family Relationships, Y.W.C.A.; Dr. Valeria H. Parker, *chairman*, Social Hygiene Committee, National Council of Women; Mrs. Edgerton Parsons, *chairman*, American Committee, Pan-Pacific Women’s Association; Mrs. Ida B. Wise Smith, *president*, National W.C.T.U.; Miss Vera Teplitz, *president*, National Council of Jewish Juniors; Mrs. R. Gordon Wagenet, *executive secretary*, National Council of Mothers and Babies.

## SYPHILIS—THE DEFICIT IN OUR HEALTH DEFENSE BUDGET

*A Radio or Platform Talk for Social Hygiene Day (15 minutes)*

*Prepared by FLORENCE S. BARRIS*

NOTE: *This script is made available with the understanding that the American Social Hygiene Association will be given credit. For the purpose of keeping account of social hygiene broadcasts we are anxious to know the time, place, station, and name of the sponsoring organization which uses this script. Will you kindly let us have this information? Please address:*

PUBLICITY SERVICE,  
AMERICAN SOCIAL HYGIENE ASSOCIATION,  
1790 Broadway, New York, N. Y.

ANNOUNCER: *This afternoon you will hear (name and title of speaker) who will talk on *Syphilis—The Deficit in Our Health Defense Budget*. This address is sponsored by the (name of the organization sponsoring program) in cooperation with the American Social Hygiene Association as part of the nation-wide Social Hygiene Day campaign against venereal diseases.*

### SPEAKER:

As the United States arms for defense two major tasks confront the people. One is making the nation so strong that no aggressor country will dare attack. The other is to expose and drive out all antagonistic influences seeking to destroy national defenses and efficiency.

The most destructive enemy agents in America today are not paid by unfriendly foreign governments. Those forces are vigilantly watched day and night and their plans nullified by the Federal Government. The enemy "secret agent" which causes the greatest havoc in the nation today is disease—all serious diseases in general and syphilis in particular.

Syphilis is the most powerful Fifth Column. It is the deficit in our annual health budget. In terms of money alone, syphilis and other venereal infections cost the United States millions of dollars annually to pay for the care and treatment of the syphilitic insane, blind and crippled! In addition to that huge deficit, syphilis steals 100,000 American lives each year. It would be far cheaper to wipe out venereal diseases and balance our national health budget. We must do that very thing from now on, because the menace of those diseases is even greater today, due to national preparedness.

Why? Because thousands of young men are being rushed to military and naval training camps and bases. It is estimated that 800,000 men will be in uniform by the Summer of 1941. Other figures show that 1,500,000 workers have already been absorbed by preparedness industries. What do these great diversions and concentrations of manpower mean in terms of national well-being?

The situation means, in terms of venereal diseases, that syphilis is getting ready to launch a powerful offensive against the health of this nation. Prostitution tends to follow armies. Syphilis and gonorrhea follow prostitution. Physical and moral breakdown follow both.

As a part of the effort to head off this attack on national good health and morale, Fifth National Social Hygiene Day will be observed on Wednesday, February 5 in more than 5,000 meetings in every part of the nation. Sponsored by the American Social Hygiene Association, that event will be a national roll-call for civilians to enlist in a health defense activity to help guard men in the armed services and defense industries from the gravest danger that threatens their health and strength—crippling, killing, demoralizing syphilis and gonorrhoea. This health protection task is of equal importance to the physical, moral and mental well-being of the civilian population. It is a task for all the people, to protect the health of all the people.

A most important feature of social hygiene defense from now on will be in the field of wholesome recreation—providing “Good times in good company” for the young men in uniform when they come to town on leave. The same action must be taken with regard to the recreational needs of the workers in defense industries.

Here is a civilian responsibility. It must be remembered that the young soldier or sailor does not get a venereal disease while on duty. Those who acquire syphilis or gonorrhoea get the disease while off duty, visiting in a civilian community or rural area usually near camp. It is in those localities that the racketeers of prostitution are already trying to entrench themselves, waiting to lure away the few dollars the man in uniform has and give him a venereal disease in exchange.

This identical condition was exposed last winter and spring in surveys carried on by the American Social Hygiene Association, in military maneuver areas where thousands of National Guard troops were temporarily training. One example is noteworthy. In a maneuver area containing 50,000 troops, the Association found that the female population of the segregated district had increased almost overnight from 250 to 500.

Working with military, medical and civilian authorities, the Association forestalled the plans of these “camp followers.” Such stringent rules were enforced that the exploiters and their women left town. Similar action was taken in other places where troops were in training. The result was a remarkably low incidence of syphilis and gonorrhoea among the 50,000 troops in the area.

These same vigorous health defenses must now be enforced all over the United States, near every training camp and naval base, in every

community adjacent to the training centers and those in which defense industries are located. In addition, every community, big or little, must look to its social hygiene defenses in order to protect its civilian population. The four-fold social hygiene program of medical, legal, educational and social-protective measures must be pursued more vigorously than ever.

The leisure-time needs of the young soldiers and sailors and defense industry workers must be met. Wholesome, low-cost recreational programs and meals, clean, comfortable sleeping quarters at nominal charge, must be supplied for these young men on leave or furlough in America's cities and towns. The cost factor is of particular importance to the young man in uniform because he has very little money. The industrial worker, on the other hand, earns more money and has more to spend. His needs must be studied even more carefully in order to save him and his more generous supply of money from falling into the trap of the exploiter and the prostitute.

Considering the phrase, "wholesome recreation," what does it mean when broken down in terms of what the young man in uniform wants when he comes to town? It means such simple things as a place for him to hang his overcoat. An easy chair where he can sit down and enjoy the luxury of pure laziness for a while. A cheerful place where he and his buddies can enjoy a game of cards. A desk or table supplied with paper and envelopes where he can take care of those all-important letters home. A chance to swim, or bowl, or watch some sports events. It means a clean, comfortable bed for him to sleep in—and no 5:45 reveille to route him out! It means a place for him to put his shaving-kit and other personal effects. And above all else, "wholesome recreation" means the chance to meet "the right kind of a girl."

Are we taking action right now to plan and provide those wholesome, home-like opportunities for the young men in uniform? Delay won't pay. The racketeer and prostitute won't wait for our social hygiene program to swing into gear against them.

We must start now—today. If a community is small and overwhelmed with the sudden flood of visiting young men in uniform, a start can be made anyhow. Religious, medical, educational and civic leaders can be enlisted in the task. The recreational facilities of the town, no matter how inadequate, must serve, somehow, until help can be obtained to build and equip adequate quarters for the comfort and pleasure of the visiting young men. The military or naval authorities of the training centers near the community will cooperate. Laws against illegal liquor dives and other questionable resorts in or near the community should be rigidly enforced. Every case of venereal disease in the locality can be brought under treatment by licensed medical practitioners. Wise, sympathetic counsel must be given to the community's young women, thus guarding against "uniform hysteria" and personal tragedy wrecking their lives and those of the young men with whom they want to form lasting friendships.

These are the tasks every community must do in order to stamp out venereal diseases. We have before us the excellent record of 1917–1918 in which vigilant medical and protective measures made the American Expeditionary Force the cleanest army in the world's history. But even at that, syphilis and gonorrhoea stole nearly seven and one-half million days of service from the armed forces—enough days to man five huge aircraft carriers and nine destroyers—or equal to the man days of 20 regiments of infantry for the entire period of the war!

Venereal diseases are furtive, stubborn and powerful enemies. They have always tended to increase in wartime or other national emergency. George Washington warned of the increase of venereal disease among men in the Revolutionary Army. Since 1819 the Army has kept almost unbroken records proving that the prevalence of venereal disease rose dramatically during every war except the last. We must maintain and improve on the World War record.

Today, then, in a period which may well be the most critical in our history, we can no longer afford to tolerate syphilis and gonorrhoea as the enemies within our lines. Our very future as a free democracy may depend on the health power of the entire nation. We must apply ourselves to health conservation, then, as an indispensable factor in total defense. If we do this job thoroughly, the day will come when the United States shows comparatively few cases of venereal disease; when, if such infections do occur they will be promptly diagnosed, treated and cured—sensibly and without fear or shame, like any other serious disease.

Syphilis and gonorrhoea waste lives and dollars. Syphilis and gonorrhoea jeopardize national strength. Syphilis and gonorrhoea have kept America "in the red" too long already. We must stop the waste—wipe out the deficit now. We can no longer afford to delay.

This, then, is our new social hygiene challenge. This is the health conservation task on which Fifth National Social Hygiene Day will focus national attention. Every civilian will be expected to do his bit to balance America's health budget by helping stamp out syphilis and gonorrhoea. Only in this way can we help keep our peaceful nation at peace because its defenses are strong and its health is at par.

*America's health is America's strength!*

ANNOUNCER: You have just heard (*name of speaker*) who spoke on *Syphilis—The Deficit in Our Health Defense Budget*. This address is sponsored by the (*name of the organization sponsoring program*) in cooperation with the American Social Hygiene Association as part of the nationwide Social Hygiene Day campaign against venereal diseases.

# PARENT-TEACHER ASSOCIATIONS AND SOCIAL HYGIENE

## A PLAN OF WORK FOR 1940-1943

AIMEE ZILLMER

*National Chairman, Committee on Social Hygiene, National Congress of Parents and Teachers; Social Hygiene Lecturer, State Department of Health, Madison, Wisconsin*

It would be an unusual national chairman indeed who could plan a full and detailed program to fit the needs of each state, much less each community of that state. For that reason your national social hygiene chairman submits a program, vague perhaps, but suggestive too, she hopes. From this, plus their own ideas, state chairmen should develop a social hygiene program to suit local needs. Such a program, however, should be sufficiently comprehensive to satisfy the needs of adults—men and women; of youth—boys and girls. Also, the program should be sufficiently broad to be adaptable to home, school, and community. Publicity should be dignified, frank, acceptable; and when material permits, the daily press, the radio, P.T.A. magazines should be used.

With this in mind, the national chairman suggests this program to state chairmen:

### **For Home**

An understanding of social hygiene principles helpful to parents. (See *Sex Education for Parent Groups*, an outline of four lectures for popular presentation, by Dr. Valeria H. Parker, published by American Social Hygiene Association, 1790 Broadway, New York City, 10¢.)

### **For School**

A study by parents and school authorities of current recommendations and practices (Read Benjamin Gruenberg's *High Schools and Sex Education*, Government Printing Office, Washington, D. C., 20¢) with a view of incorporating part of the suggestions into the school program.

### **For Community**

1. A survey of the community recreational facilities. (See *Recreation, a Major Community Problem*, published by the National

Recreation Association, 315 Fourth Avenue, New York City, 15¢; *Fundamentals in Community Recreation*, same address, 10¢.)

2. Study of the control, eradication, and prevention of venereal diseases and support of premarital and prenatal venereal disease examinations. (Ask the United States Public Health Service, and your State Department of Health for literature, exhibits and films.)
3. Recommend to the local public library a few new good social hygiene books, and call the attention of parents to them. (Complete bibliographies or names of new books available from national Social Hygiene chairman or American Social Hygiene Association.)
4. Observance of Social Hygiene Day (February 5, 1941). Excellent kit of talks, broadcasts, literature available from American Social Hygiene Association.

**Minimum Plan for the Year Which State Chairmen May Suggest to Local Associations**

1. One talk on social hygiene. (For communities where no speaker is available, the *Program Without a Speaker* given below is offered.)
2. One study period devoted to social hygiene, venereal disease, or a movie on venereal diseases.
3. Observe National Social Hygiene Day.
4. Addition of one new good social hygiene book for parents, teachers, boys, girls, or young people of marriageable age.

**Suggested Program Without a Speaker**

(Especially for rural and small schools)

**Definition:** Social hygiene embraces all those principles and practices which in any way help young people prepare to meet successfully the problems of life which are of a sex nature and which inevitably come up in some form in the experience of every normal person.

**Plan for Talk:**

**I. Need of Social Hygiene**

It is a part of training for decent living

Cost of sex delinquency to state { ill-health through sex diseases  
illegitimacy  
tax cost

What state is doing { lectures  
literature  
treatment

What can home, school, church, community do?

**II. Child Questions and Answers**

Regarding how life begins, body differences.

Why they ask. "Is it naughty?" What attitude should you take?

How to prepare yourself? Books, pamphlets, lectures.

**III. Attitudes**

Body habits: toilets—handling—cleanliness

Examples: home—companions—language—surroundings

**IV. Adolescent Boys and Girls**

Growth: mental, physical, emotional

Recreation { boys and girls  
supervised, guided, happy  
hobbies

Training for parenthood { choice of matter  
parental responsibility  
care of children  
sex health for happy family

*Note I:* If no one in the group feels capable of conducting the program, let a leader at least read the outline, ask if any one wishes to discuss some point or cares to have the subject discussed by a speaker at a later meeting. The program may be lengthened and made more interesting by presenting *Who Makes Social Codes? Both Sides of the Story*, or one of the other radio broadcasts or skits written especially for P.T.A.'s.

*Note II:* Literature to guide study may be secured from your State Board of Health and your state social hygiene societies.

Consult your local or county librarian for reference books on the subject. Plays referred to can be obtained from the State Board of Health, Madison, Wisconsin.

In addition to the publications and references mentioned in Miss Zillmer's outline, comprehensive lists of pamphlets, books, films, exhibits, and special issues of the JOURNAL OF SOCIAL HYGIENE, all planned for special assistance to parent-teacher and other groups, may be secured from the *Publications Service*, American Social Hygiene Association, 1790 Broadway, New York. Ask particularly for:

**Pub. No.**

- A-283 *A Classified List of Social Hygiene Pamphlets*
- A-279 *Social Hygiene Bookshelf for 1941*
- A-289 *Social Hygiene Exhibits*
- A-284 *Seeing and Hearing Social Hygiene*



## PHARMACY COOPERATES

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

With headlines full of war abroad and defense at home it is inspiring to know that the pharmacists of the United States stand ready to help fight America's great health enemies—syphilis and gonorrhoea.

Pharmacists have an opportunity second only to physicians to aid the fight against widely prevalent and dangerous syphilis and gonorrhoea, and their allies, ignorance and quackery. During the quarter century of our ceaseless battle against these evils, many pharmacists over the country have personally and professionally thrown the weight of their knowledge and influence behind the task. As the campaign developed from humble beginnings, pharmacy held a key position in the maneuvers. Today new hope for success is appearing and pharmacy has a large part to play in the modern program.

In the January, 1940, issue of this JOURNAL, Pauline F. Geffen in *The Pharmacist's Role in Combatting Syphilis* outlined a program of cooperation. She said:

“There are seven principal contributions which the pharmacist and his assistants can make in their efforts to help the agencies which are working to stamp out syphilis and gonorrhoea. Some of these contributions are negative, in that they consist in avoidance of certain practices. The rest are the result of positive activity. Briefly summarized, the seven contributions require that:

1. The pharmacist should make no diagnosis.
2. The pharmacist should not prescribe for patients.
3. The pharmacist should refer patients to a physician.
4. The pharmacist should not sell “patent medicines” and thus encourage self-medication.
5. The pharmacist should distribute literature of an informational nature regarding syphilis and gonorrhoea. Such material he usually can obtain from health departments.
6. The pharmacist should seek the cooperation of the pharmaceutical society and also cooperate with it in promoting high professional standards.
7. The pharmacist also can aid materially in other ways. Among these he can provide reliable information regarding the value and limitations of accepted prophylactics used under approved conditions.”

This was before the February Annual Meeting of the American Social Hygiene Association in Chicago when a resolution was passed authorizing the appointment of a committee of the American Pharmaceutical Association and the American Social Hygiene Association to further cooperation between medicine and pharmacy in the fight against syphilis and gonorrhoea. The first meeting of that committee—known as the American Pharmaceutical Association—American

Social Hygiene Association Joint Committee—took place April 24 in Radio City, New York. In Richmond before the American Pharmaceutical Association Convention Dr. A. G. DuMez, president of the American Pharmaceutical Association and Dr. Walter Clarke, executive director of the American Social Hygiene Association spoke on more effective cooperation between pharmacy and medicine.

From these beginnings, the committee—including Dr. Joseph E. Raycroft, Dr. Robert P. Fischelis, Dr. Robert L. Swain, Dr. E. F. Kelly, Mr. George J. Nelbach, Dr. Joseph V. Klauder, Mr. Theodore Campbell, Jr., and Dr. Walter Clarke—went to work. To date twenty State Pharmaceutical Associations have gone on record as supporting the venereal disease campaign. A survey made by *Drug Topics*, covering 58,066 druggists, placed the venereal disease campaign second in importance on the list of 16 resolutions acted on at State Pharmaceutical Association Conventions.

Social hygiene societies and state and city health departments have entered into the project too, distributing literature to local drug stores. The Association supplied a large number of drug store counter display cards and corresponded with all of these groups. Pharmaceutical and medical publications have been most cooperative, carrying stories of the formation of this committee and of the work of the venereal disease campaign.

Now we are ready to go forward into other activities and to expand the work of this committee. At the meeting of the committee in September it was suggested that each state form a committee to work with the State Pharmaceutical Association and the local health authorities in carrying forward the program against the venereal diseases on all 48 fronts. At the latest meeting, November 4, in Philadelphia, Dr. Kelly, Mr. Nelbach, and Dr. Clarke reported on the formation of a defense program and the organization of state committees.

We have come a long way in a short period of time. Now the job is to get a committee working in every state, cooperating with the Pharmaceutical Associations and health authorities. The country's pharmacists and 60,000 drug stores can and will help in America's defense by fighting syphilis and gonorrhea.

---

### Do Your Drug Stores Cooperate?

Your State and Local Pharmaceutical Associations are interested and informed regarding social hygiene. Ask them to join in your *Social Hygiene Day* plans as sponsoring agencies for your meeting, or to prepare special window displays for the week of February 5th.

PROGRAM SUGGESTIONS  
FIFTH NATIONAL SOCIAL HYGIENE DAY  
**Typical Program for An All-Day Conference**

**General Theme**

**SOCIAL HYGIENE AND NATIONAL DEFENSE**

*How Government Agencies and Voluntary Groups Can Work Together to Protect United States Soldiers, Sailors and Workers in Defense Industries from Syphilis and Gonorrhoea*

**Morning Session—9:30 a.m.**

**Place:** A local hotel.

**Subject:**

*How the Government Protects Soldiers, Sailors and Industrial Workers from Syphilis and Gonorrhoea*

**Presiding:** Health Officer of City or State.

**Speakers:**

1. Representative of the United States Army.
2. Representative of the United States Navy.
3. Representative of the United States Public Health Service.

**Discussion Leaders:**

1. City or State Health Department Representative.
2. City or State Police Department Representative.

**Luncheon Session—12:30 p.m.**

**Subject:** *Syphilis and Wars*

**Presiding:** A prominent business man.

*(Representatives of community agencies interested in social hygiene should sit at the speaker's table and be briefly introduced.)*

**Speaker:**

A prominent physician or public health official.

Showing of social hygiene one-reel film, *With These Weapons*, or American Social Hygiene Association's new film on *Social Hygiene and National Defense*.

**Afternoon Session—3:00 p.m.**

**Subject:**

*The Citizen's Part in Protecting Soldiers, Sailors and Industrial Workers from Syphilis and Gonorrhoea*

**Presiding:** A local pastor.

**Speakers:**

1. Social hygiene society or law enforcement agency representative.
2. Recreational agency representative.
3. Youth group representative.
4. Men's and women's lay organizations representatives.

**Discussion Leaders:**

1. A physician.
2. An educator.
3. Industrialist or business man.

### **Typical Program for a Community Meeting**

**Time:**

Luncheon, dinner, or evening session.

**Place:**

A local restaurant, hotel or community auditorium.

**Subject: American Communities Face a New Challenge**

*The Civilian's Responsibility in Helping to Protect Soldiers and Sailors and Workers in Defense Industries from Syphilis and Gonorrhea.*

**Presiding:**

A prominent minister, civic leader or business man, or physician.

**Speakers:**

1. Representative of the United States Army.
2. Representative of the United States Navy.
3. State or City Health Officer.

**Discussion Leaders:**

1. Representatives of the Junior Chamber of Commerce or other youth group.
2. Representatives of men's and women's lay organizations.

**Summary of Meeting:**

Representative of Community Social Hygiene or other Voluntary Health or Welfare Group.

Adoption of resolution endorsing national social hygiene program and pledging support for state and local efforts.

Showing of one-reel film *With These Weapons*, or the American Social Hygiene Association's new film on *Social Hygiene and National Defense*.

## A Typical Group Meeting

(Such as Rotary, Kiwanis, Lions, Soroptimist, Civitan,  
Grange, Legion, or other men's and women's groups)

**Date** It is suggested that the meeting date next previous to February 5th be chosen for this purpose.

**Time:** Luncheon, dinner, or afternoon or evening meeting.

**Announcement:**

An announcement by the presiding officer that the meeting will take note of Fifth National Social Hygiene Day, and reading from the folder *We Face A New Challenge*.\*

**Talk:** Brief talk on local conditions by a club member informed on social hygiene, or by the local health officer or a local physician.

Showing of American Social Hygiene Association's one-reel film *With These Weapons* or the new film on *Social Hygiene and National Defense*.

Resolution by group endorsing national social hygiene program and pledging support for local and state efforts.

\* This and other Social Hygiene Day materials may be secured without charge from the American Social Hygiene Association, 1790 Broadway, New York City.

---

## Other Program Suggestions

For detailed programs of the *Five Regional Conferences on Social Hygiene* to be held as chief events of the observance of *Fifth National Social Hygiene Day*, see the January SOCIAL HYGIENE NEWS, or ask for the printed programs. These may be secured either from the American Social Hygiene Association, 1790 Broadway, New York, or from the Regional Conference Secretaries, as follows:

**Philadelphia** (*February 6*): Charles H. Kurtzhalz, 311 S. Juniper St. Make luncheon reservation checks payable to Helen K. Peterman, \$1.25 (including gratuity).

**St. Louis:** Dr. Harriet S. Cory, 3713 Washington Blvd., St. Louis, Mo. (Luncheon is \$1.35, including gratuity).

**New Orleans:** Mrs. William Haller, Jr., 282 Audubon Street, New Orleans, La. (Luncheon is 85 cents, including gratuity).

**Los Angeles:** Miss Ruth Leutzinger, 122 East 7th Street, Los Angeles, Calif.

**New York:** Jacob A. Goldberg, 386 Fourth Avenue, New York City. (Luncheon is \$1.50 including gratuity).

## EXAMPLES OF SPECIAL PROGRAMS AND PROJECTS

**New York City Health Department Holds Social Hygiene Week Program.**—An intensive program of social hygiene education will be offered by the New York City Department of Health, Bureau of Social Hygiene, and cooperating health agencies during Social Hygiene Week, January 29th through February 6th, 1941. Meetings have been arranged for physicians in practice, medical students, nurses, laboratory and public health workers. Dr. C. C. Pierce, Regional Director for the U. S. Public Health Service, is supervising the program.

All sessions will be in the second floor auditorium of the Health Department building at 125 Worth Street, in New York. All interested individuals are invited and there is no registration required. Demonstrations, motion pictures, lantern slides and slide-films will be features of the sessions. The complete program is as follows:

**Wednesday, January 29th:**

- 10:00 A. M. *Laboratory Aspects of Syphilis Control.*
- 1:00 P. M. *The Role of The Family Physician in Venereal Disease Control.*
- 2:30 P. M. *Treatment of Infectious Syphilis as a Public Health Measure.*

**Thursday, January 30th:**

- 10:00 A. M. *Non-syphilitic Venereal Granulomas (chancroid, lymphogranuloma venereum and granuloma inguinale).*
- 1:00 P. M. *Education of the Non-medical Public Health Worker.*
- 2:30 P. M. *Non-venereal Genital Lesions.*

**Friday, January 31st:**

- 10:00 A. M. *Laboratory Aspects of Gonorrhoea Control.*
- 1:00 P. M. *Education of the Public in Venereal Disease Problems.*
- 2:30 P. M. *Problems of the Patient with Gonorrhoea.*

**Tuesday, February 4th:**

- 8:30 P. M. *Clinical Syphilis (with presentation of cases).*  
This session will be under the auspices of the Section on Dermatology and Syphilology, at the Academy of Medicine, 2 East 103rd Street, New York.

**Wednesday, February 5th: (Fifth National Social Hygiene Day)**

- 8:30 P. M. *Medical Advances in Venereal Diseases.*

**Thursday, February 6th:**

- 10:00 A. M. to 4:00 P. M. *Continuous program of lectures, motion pictures, playlets and special events for the public.*

For further details write to the Bureau of Social Hygiene, 125 Worth Street, New York City.

**New York—Society for the Study of Syphilis Sponsors Photography Contest.**—A social hygiene prize photograph competition for the Greater New York area, sponsored by the New York City Society for the Study of Syphilis is announced as the forerunner of the

Society's Social Hygiene Week program scheduled for January 29 through February 6, 1941. Co-sponsors of the contest are the U. S. Public Health Service and the New York Metropolitan Camera Club. Any resident of Greater New York may compete. The contest entries must be submitted by January 20. Merchandise prizes will be awarded the ten best photographs.

*Rules for contestants:*

All entries should illustrate any of the captions listed below and should be suitable for public health education. Use any medium desired: live models, toys, miniatures, etc. Necessary props such as pamphlets, posters and exhibits will be loaned by the Society to contestants. For those who wish to photograph a clinical or medical background, a complete "set," with living models is available upon request at the Society's offices.

*Captions:*

1. Make Known the Facts About Syphilis and Gonorrhea. (Through pamphlets, posters, radio, newspapers, etc.)
2. No Health Examination Is Complete Without a Blood Test.
3. Keep Fit—Be Examined—Have a Blood Test.
4. Make Your Birthday Your Health Day.
5. Avoid the "Quack"—Consult a Licensed Physician.
6. Syphilis Is the Enemy of Youth.
7. Syphilis Knows No Barriers—Social, Economic, or Racial.
8. Early Treatment Means Speedier Cure.
9. The Health of the Child Is the Wealth of the Nation.

Anyone in Greater New York may compete.

All entries must be submitted by January 20, 1941. Deliver or mail all prints post-paid to: Photo Contest, Society for the Study of Syphilis, Room 329, 125 Worth St., New York City. There is no entry fee or blank to submit.

Prints should be at least 5" x 7" and no larger than 8" x 10" in size; preferably mounted. No more than five prints may be submitted by any one contestant. Only black and white prints are acceptable.

Each print must bear on its back, plainly printed or typewritten, the proper caption, and the name and address of the contestant.

All possible care will be taken in the handling of prints, but the Society for the Study of Syphilis cannot assume responsibility for loss or damage in transit or at the Society's office.

Entries will be judged on the basis of originality of ideas and photographic merit. Developing and printing may be done by the photo finisher or by the entrant.

Merchandise prizes will be awarded for the ten best entries.

Prints will be returned if accompanied by return postage. Entrants who are awarded prizes should save the negatives from which submitted pictures are made. Send no negatives unless requested. The Society assumes no responsibility for unsolicited negatives.

The submission of prints will be understood to imply acceptance of the above conditions. Decision of judges will be final. Winners will be announced early in February.

For any information, telephone, call or write to the: Photo Contest, Society for the Study of Syphilis, Room 329, 125 Worth St., New York City.

**New York State NYA Youth Observes Social Hygiene Day in Cooperation with the State Department of Health and State Charities Aid Association.**

*Sent by New York State NYA to its field staff.*

**I. Organization.**

- A. In all situations, where possible, a *youth committee* should be selected, preferably by the youth themselves, at least one month in advance to assume joint responsibility for the National Social Hygiene Day program. Meetings of the committee should be held under guidance of supervisor or designated leader.
- B. *Suggested breakdown of functions for youth committee members.*
1. **Programs:** General Chairman to act jointly with the NYA supervisor in planning and executing the work of the committee as a whole, to preside at committee meetings, and jointly, with NYA supervisor, to direct work of each member.
  2. **Reception:** to be responsible for hospitality to guest speakers on their arrival and departure, social introduction to youth before and after program feature, etc.
  3. **Social:** to plan informal social or recreational period after feature, if desired.
  4. **Arrangements:** to cooperate in providing meeting place, seating, speakers' accommodations, motion picture equipment, etc.
  5. **Publicity:** to distribute posters and announcements on all NYA project locations (with consent of co-sponsor when involved) relative to Social Hygiene Day; to make announcements to youth groups. Newspaper publicity should be handled by the area or resident center director and should be issued jointly or cleared with all cooperating health agencies.

**II. Subjects of interest for discussion and study.**

- A. *Subjects and topics on Social Hygiene* and/or related interests as jointly agreed upon by:
1. NYA
  2. County Committee(s) on Tuberculosis and Public Health
  3. State District Health Officer(s) and staff(s)
- B. Subjects and topics deemed of *particular interest to youth in their local communities*, e.g., City, village or town sanitation; sanitary conditions in resident centers, etc.



**III. Method.**

**A. Techniques:**

- Panel discussion
- Symposium
- Round table discussion
- Lecture

**B. Program Aids:**

- Motion Pictures
- Slides
- Dramatic Skits
- Mock radio broadcasts

**IV. Community Resources.**

A. Assistance to local organizations in developing National Social Hygiene Day is a definite project of each county *Committee on Tuberculosis and Public Health*. Therefore, leadership and counsel will be furnished by that organization and public health offices.

B. Other suggested contacts:

- City, village and town *Health Department(s)*
- College and *Public School officials and staff(s)*

V. **Materials:** to be suggested and provided by cooperating agencies.

**Please Let Us Have Your Program**

If you are planning a program for Social Hygiene Day, please let us have details, especially of any unusual or unique features, publicity plans or other items which will be of interest and help to other communities or groups. Address:

The Social Hygiene Day Service  
American Social Hygiene Association  
1790 Broadway, New York City

## EDITORIAL

### AFTER SOCIAL HYGIENE DAY—

Social Hygiene Day is a bright, high-flying flag around which the year's work rallies. Last February, in all the 48 states, more than 5,000 meetings were held. Radio, motion pictures, newspapers and magazines built up a sweeping, nation-wide celebration.

Fifth National Social Hygiene Day—with its new challenge to grapple with social hygiene problems rising out of national defense—may even surpass this record. Another surge of public enthusiasm will mark definite gains in public understanding and cooperation.

Later, however, comes the real test of the value of these educational efforts. Will the meetings and radio broadcasts and motion picture showings achieve their real objective—to get people to “do something”? Can community enthusiasm be translated into community action? Will the new converts keep the faith, or backslide? With the heavy pull successfully over the top, will the social hygiene wheel-horses go ahead at a good clip, or settle back in the traces and so lose good ground gained?

The answer to these questions, we believe, depends entirely on what happens *before* Social Hygiene Day. If plans are drawn for a permanent rather than a temporary structure and if a solid foundation is laid down, the job is half done. Let's think, then, of Social Hygiene Day not only as the crest of the wave, but as the beginning of a steady flood-tide on which community action to fulfill the “8-point program on 48 fronts” will ride steadily forward. Some practical suggestions:

(1) Ask your Council of Social Agencies or your leading health and welfare organizations to form a Community Committee or Council on Social Hygiene. It will be useful in sponsoring Social Hygiene Day, acting as a clearing agency for local efforts, working with your State Defense Council, and standing behind needed community action.

(2) Look your community over. Score it informally, especially with regard to defense problems, by the questions in Dr. Storey's *American Communities Face a New Challenge*. (See pp. 1-9.)

(3) Make sure you are using all existing community resources. Remember that the church has trained leadership and a place for young people to have "a good time in good company." Keep your public library in mind as a real educational ally. There is no better place to become acquainted with good social hygiene literature. Do your young people take an active part? They have a big stake in the campaign against syphilis and gonorrhoea since most infections occur in youth.

(4) Call upon the Association for advice, suggestions and materials—books, pamphlets, films, talking slide films and lantern slides, posters, placards and exhibits. Some good new ones are listed in *Your Guide to Social Hygiene Day Materials* (Pub. No. A-300, free).

The JOURNAL OF SOCIAL HYGIENE and the SOCIAL HYGIENE NEWS can regularly furnish you up-to-date and reliable information. These are free to Association members. Address your application, with \$2.00 dues, to American Social Hygiene Association, 1790 Broadway, New York City. The NEWS is free to non-members, on request.

If these and other simple, practical points are kept in mind, the impetus of Social Hygiene Day will keep on through the year, to the benefit of all of us.

*America's Health is America's Strength!*

---

YOU ARE CORDIALLY INVITED TO ATTEND!

You will be a welcome guest at any of the five great regional conferences on social hygiene which will head up the nationwide observance of *Fifth National Social Hygiene Day*. Remember the place and date! Come early and stay late!

As stated on page 48, the plan of each Conference is an all day meeting, with morning, luncheon, and afternoon sessions. The New York Conference will run four simultaneous sessions in both morning and afternoon. The American Social Hygiene Association will hold its Annual Business Meeting in connection with the New York meeting at 3 p.m. February 5th, and the General Session of its Annual Meeting at luncheon, February 6th, in Philadelphia.

The Conference theme is *Social Hygiene and National Defense*.

## NATIONAL EVENTS

**National Council of Women Adopts Resolution on National Defense.**—Dr. Valeria H. Parker, Chairman of Social Hygiene, National Council of Women of the United States, reports the following resolution adopted at the Annual Convention, November 25, 1940:

*Whereas* the United States Government is now engaged in bringing about the first peace-time mobilization in history, and

*Whereas* large numbers of men are being drawn into industrial areas, and

*Whereas* the United States Army, the United States Navy, the United States Public Health Service and the American Social Hygiene Association have called attention to already existing dangers to the health and morale of the uniformed forces as well as that of the civilian population, and

*Whereas* the above mentioned agencies have called upon civilian voluntary agencies for aid,

*Be It Resolved* that the National Council of Women shall support every effort of governmental agencies and of the American Social Hygiene Association in promotion of public health and law enforcement measures;

*Be It Further Resolved* that the National Council of Women, through its Emergency Committee shall consider practical means of bringing about through womens' organizations education and advice in civilian communities for the promotion of health and moral integrity.

**National Conference on Family Relations Holds Third Annual Meeting in Chicago.**—The program of the third annual meeting of the National Conference on Family Relations, held in Chicago December 26–28 at the Stevens Hotel, was organized around the important subject *Trends and Resources in Family Living*, with emphasis upon the national emergency's significance for the family. Of special interest was the general session on the evening of December 26, which considered *The Family in War-Time*, with Dr. Adolf Meyer, president of the Conference, presiding.

Limitations of space prohibit detailed description of the program here, but some of the significant papers of the Chicago Conference will be published in *Living*, their official quarterly. Annual dues of \$2.50 entitle members to a subscription. Send dues to National Conference on Family Relations, 1126 East 59th Street, Chicago, Ill.

## YOUTH NOTES

*Prepared by the American Social Hygiene Association's Youth Service*

With National Social Hygiene Day, February 5, 1941, just around the corner, the Association's Youth Service has sent letters to our entire list of 3000 youth groups inviting them to participate in Fifth National Social Hygiene Day. The return postcard asked youth

groups to indicate whether they wished to be kept on our list to receive the Social Hygiene News regularly, whether they wanted promotional materials prepared for Social Hygiene Day, and whether they wished information about membership in the Association. Response has been good to date—some 400 returning postcards. Those who see this and haven't as yet sent in their postcards—please fall in line and let's hear from you.

Our Publications Service reports that they have corresponded in detail with youth groups in ten states.

*Meetings and lectures*—In New York, the College Physical Education Association held a meeting at the Hotel New Yorker, December 30 and 31. Among their exhibits was one by the American Social Hygiene Association. . . . A Y.W.C.A. in Philadelphia is conducting a ten-weeks course on Marriage and the Family. The December 5 and 12 sessions were devoted to a discussion on syphilis and gonorrhoea. . . . Dr. Paul Popenoe, founder and general director of the Institute of Family Relations in Los Angeles, tells us that the University Y.M.C.A. at the University of Cincinnati is holding the second annual series of lectures on the Foundations of Love, Marriage, and the Home. The series is being conducted by Dr. Richard W. Weiser, Executive Secretary of the Cincinnati Social Hygiene

Society. . . . The Fifth Annual Institute on Parent Education was conducted by Dr. Popenoe at the First Baptist Church in Houston, Texas on December 10.

*The American Youth Commission* calls our attention to their new leaflets giving facts about youth problems and suggesting programs for action. They appeal to every community to meet squarely youth's urgent needs for better conditions and opportunities. "Here, indeed, is our first problem of national defense."

"*So Long Boys*," the new leaflet for young men about to enter the army is in demand throughout the country. Social hygiene societies, health departments, church groups, and youth-serving organizations are cooperating in its distribution. The Association is making this leaflet available without charge as a national service and a contribution to the defense program.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

*PM*, New York's new daily, has been following the army camps, and in picture and story is telling New Yorkers about problems at the camps. Typical of the *PM* series is this: "Lack of space stymies most of the on-grounds activities. Dances are held almost every week, but only about 200 soldiers can crowd into the hall. There is no basketball or boxing yet because only one recreation hall has been put up. Two shows have been put on in it for a total of 800 men. Approximately 17,000 couldn't get inside." (*PM*, December 13, Page 22.)

A different side of the story was told by *Time* and *Life* in recent issues (*Time*, December 16; *Life*, December 23). To give editors pertinent facts and to show the fallacy of any attempts to segregate prostitution, or to make prostitutes safe by medical inspection, the Association wrote to editors around the country sending them a copy of *The Case Against Prostitution*, the newly revised pamphlet on prostitution problems—problems which are

confronting the armed forces of America and all of the communities throughout the United States.

Highlight of the month was the *New York Daily News* cartoon by C. D. Batchelor, Pulitzer prize-winning cartoonist for the *Daily News*. Done at the suggestion of the Association, it dramatically sums up the army venereal disease problem.

News of local *Social Hygiene Day* plans are being featured in the news-

papers these days and as meetings take shape we can say that plans for the big February push are well under way.

Reporting the address of Dr. Thomas A. Storey, the *Kansas City Times* (December 3) says, "Congress has appropriated millions of dollars to put the national defense program across, but little communities near the concentrations of men are receiving nothing." And from the *Medical Record* (December 18) an editorial, *Social Hygiene and National Defense Preparedness*, sums up: "The rejection of men with gonorrhea and syphilis may act as an impetus for certain types of persons to seek exposure leading to infection! The world would witness a new era of self-mutilation for avoidance of military training. Further, the rejection of men with syphilis and gonorrhea will definitely act as a penalty for those who have kept themselves free of these infections. The refusal of the military to accept men for

training with gonorrhea and syphilis will reflect on the leadership of those who have sponsored the government's efforts over the past five years. Gonorrhea and syphilis are curable! Their presence should not be a bar to democratic selection for military training."

In Ohio, the *Cincinnati Post* calls attention to an appeal for funds made by Dr. Otto P. Geier. Quoting Dr. Geier the *Post* says, "As one interested in the work of the Association I have been proud of the part which Cincinnati has played in helping wage a successful fight against syphilis. Its fine results are now in danger, however, unless immediate action is taken."

So the news from all fronts comes in to the Association and plans for Social Hygiene Day with its message for all Americans goes forward. If you need assistance in planning publicity for your celebration, write the Publicity Service. We'll be glad to help make your community meeting a great success.

## PUBLICATIONS RECEIVED

### BOOKS

- PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK. New York, Columbia University Press, 1940. 736 p. \$3.00.  
 SOCIAL WORK YEAR BOOK 1941. Russell H. Kurtz, Editor. New York, Russell Sage Foundation, 1940. 793 p. \$3.25.  
 PUBLIC ADMINISTRATION ORGANIZATIONS. A Directory. 1941. Chicago, Public Administration Clearing House, 1941. 187 p. \$1.50.

### PAMPHLETS

- THE CIVILIAN CONSERVATION CORPS. The American Youth Commission of the American Council on Education. Washington, D. C. 23 p.  
 PARENT EDUCATION AT THE UNIVERSITY. University of Iowa Publication. November 16, 1940. New Series No. 1162. 16 p.  
 HEALTH EDUCATION MATERIAL FOR TEACHERS. A Selected List of Free or Inexpensive Pamphlets or Booklets. National Tuberculosis Association. New York. Revised 1940.  
 YOUR BABY AND THE BLOOD TEST LAW. Massachusetts Society for Social Hygiene, Boston.

### IN THE PERIODICALS

- THE JOURNAL OF SCHOOL HEALTH. Buffalo, N. Y. November, 1940. *Health Education in the Secondary Schools in Michigan and Its Implications for the College Level*. By Mabel E. Rugen. p. 261.  
 AMERICAN JOURNAL OF PUBLIC HEALTH. New York. November, 1940. *The Community Health Education Program*. By Lucy S. Morgan and Benjamin G. Horning. p. 1323.  
 ROCKY MOUNTAIN MEDICAL JOURNAL. Denver. December, 1940. *A Screen Test Developed in the Laboratory of the Colorado State Board of Health in the Serology of Syphilis*. By W. C. Mitchell, M.D. p. 977-80.  
 HEALTH BULLETIN. North Carolina State Board of Health, Raleigh. December, 1940. *North Carolina's Anti-Syphilis Program*. By C. V. Reynolds, M.D. p. 7-10.  
 VENEREAL DISEASE INFORMATION. U. S. Public Health Service, Washington, D. C. November, 1940. *Studies in the Epidemiology of Syphilis: Epidemiologic Investigations in a Series of 996 Cases of Acquired Syphilis*. By E. G. Clark, M.D. p. 349-69.

## SOCIAL HYGIENE DAY REGIONAL CONFERENCES

As announced in the December JOURNAL (page 432), five great regional conferences are to be held in celebration of Social Hygiene Day, in New York, Philadelphia, St. Louis, New Orleans and Los Angeles. The New York meeting held by the Greater New York Social Hygiene Council is an all-day program at the Hotel Astor on February 5th. For further information, write J. A. Goldberg, New York Tuberculosis and Health Association, 386 Fourth Ave., New York City.

Programs for the other conferences under the auspices of the American Social Hygiene Association, the United States Public Health Service and special local committees on Social Hygiene Day are available at the A.S.H.A. New York office, but for luncheon reservations and other details, the conference secretary should be addressed. Just to refresh your mind on times and places:

### February 5th

**Los Angeles:** At Porter Hall for morning and afternoon sessions and Town and Gown Club for luncheon, both on the University of Southern California campus; under the auspices of the *California Tuberculosis Association* and the *Los Angeles Committee on Social Hygiene Day*. *Conference Secretary:* Miss Ruth Leutzinger, c/o Los Angeles Tuberculosis and Health Association, 122 East 7th St., Los Angeles, Calif.

**New Orleans:** At the Jung Hotel, under the auspices of the *New Orleans Social Hygiene Association* and the *New Orleans Committee on Social Hygiene Day*. *Conference Secretary:* Mrs. Wil-

liam Haller, Jr., 282 Audubon St., New Orleans, La.

**St. Louis:** At the Hotel Coronado, under the auspices of the *Missouri Social Hygiene Association*, which will hold its annual meeting at the luncheon session, and the *St. Louis Committee on Social Hygiene Day*. *Conference Secretary:* Dr. Harriet S. Cory, 3713 Washington Blvd., St. Louis, Mo.

### February 6th

**Philadelphia:** At the Bellevue-Stratford Hotel, under the auspices of the *Philadelphia Health Council and Tuberculosis Committee* and the *Philadelphia Committee on Social Hygiene Day*. *Conference Secretary:* Mr. Charles Kurtzhalz, 311 S. Juniper St., Philadelphia, Pa.

## A.S.H.A. ANNUAL MEETING

Official notice of the annual meeting was sent out in the December NEWS. . . . The business session will be held in New York at 3 P.M., Wednesday, February 5, 1941 at the Hotel Astor, in connection with the New York Regional Conference. . . . The general session of the meeting will be held in Philadelphia at 12:30 P.M., Thursday, February 6th, at the Hotel Bellevue-Stratford, in connection with the Philadelphia regional conference. . . . The program will include the ceremony presenting the William Freeman Snow Medal for Distinguished Service to Humanity.

## ANNOUNCEMENTS

**Last Month.**—The December JOURNAL, number II of the series on *Social Hygiene and National Defense*, is available while it lasts at a special Social Hygiene Day price of 15¢. No reprints are planned. Of special interest in connection with National Social Hygiene Day celebration is the Detroit symposium, *How Can Citizens Help to Protect Soldiers and Sailors from Syphilis and Gonorrhoea?* This symposium was on the plan of the morning sessions of the regional conferences being held on Social Hygiene Day this year, with representatives of the U. S. Army, U. S. Navy and the U. S. Public Health Service describing how each strives to protect soldiers, sailors and citizens generally from venereal diseases. . . . *November and December issues together are available at a special Social Hygiene Day price of 25¢ postpaid for the two numbers.*

**This Month.**—*Social Hygiene Day* number. The supplement sheet, *What You Can Do to Celebrate Social Hygiene Day* (Pub. No. A-320), is available on request, as is the section on *Program Suggestions* (Pub. No. A-321). . . . Preprints have been prepared on Dr. L. Foster Wood's *A Church Program for Defense Areas*, (*this is ten cents*); and on *American Communities Face a New Challenge* by Dr. Thomas A. Storey. Copies of the radio talk, *Syphilis, the Deficit in Our Health Defense Budget*, can be had on request. . . . The Social Hygiene Day number can be obtained for 15¢ postpaid. 2 copies for 25 cents. . . . Your friends planning Social Hygiene Day programs will find practical help here.

**Next Month.**—Dr. Maurice A. Bigelow, former professor of Biology at Teachers College, Columbia University, is guest editor for this issue, which will be on *Venereal Disease Education*. As educational consultant for the American Social Hygiene Association, Dr. Bigelow during 1940 made a

study jointly for the Association and the U. S. Public Health Service of what is being done in schools and colleges and by state and local health departments in venereal disease education. Considerable space will be given to reports and statements from schools where venereal disease education has been successfully included among other communicable diseases as a part of health courses.

**Social Hygiene Day Materials.**—Aside from the preprints mentioned above and the other material in this issue, *Your Guide to Social Hygiene Day Materials* contains many useful suggestions. Ask for free copy. Our kit of Program and Publicity Aids for Social Hygiene Day is out and contains samples of important leaflets, a press book, radio talks and spot announcements and other helps. If you are planning a Social Hygiene Day program, don't fail to ask for one of these handy kits. Address the A.S.H.A. Social Hygiene Day Service, 1790 Broadway, New York, N. Y.

**1941 Membership.**—While many members have sent their dues and they continue to roll in steadily, there are still many from whom we have not heard. This is a clarion call from Ray Everett, membership chairman, to save us bookkeeping and follow-up, and to insure your receiving the JOURNAL and NEWS regularly.

**Movie on Social Hygiene and National Defense.**—From advance reports, this will be an excellent film, although we are all disappointed that it is not to be finished in time for use *Fifth National Social Hygiene Day*. . . . Release date has now been set for February 15. . . . If you have not ordered your copy, better do so promptly. . . . *The film will run ten or eleven minutes and the price will be \$50 for a 16 mm. print and \$75 for the 35 mm. version.*

Don't forget the Five Regional Conferences to be held on Fifth National Social Hygiene Day! For particulars see pages 37, 43 and 47 of this issue of the JOURNAL, the December and January numbers of the SOCIAL HYGIENE NEWS, or ask the AMERICAN SOCIAL HYGIENE ASSOCIATION, 1790 Broadway, for the detailed printed program.



# Journal of Social Hygiene

A Special Number  
on  
Venereal Disease Control Education in the Schools

## CONTENTS

Health Education in Relation to Venereal Disease Control Education.....	Maurice A. Bigelow.....	49
Extracts from Letters.....		70
Examples of Existing Work.....		73
Teaching about the Venereal Diseases in a California High School.....	Anita D. Laton.....	76
Editorials:		
Education for Life.....		78
Social Hygiene Day a Success.....		78
What's in a Name?.....		79
National Events.....		80
News from the 48 Fronts.....		85
Forum.....		87
Youth Notes.....		88
In and Out of the Newspapers.....		89
Book Reviews.....		90
Bibliography: Selected References on Social Hygiene in Schools.....		91
Publications Received.....		93
Announcements.....		96

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM

WILLIAM F. SNOW

EDWARD L. KEYES

JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*

WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

### THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.

SOUTHERN STATES DIVISION: 282 Audubon Street, New Orleans, La.

MRS. WILLIAM HALLER, JR., *Field Secretary*

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.

MISS ELEANOR N. SHENEHON, *Field Secretary*, 122 E. 7th St., Los Angeles, Cal.

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311

MRS. GERTRUDE R. LUCE, *Field Secretary*

# Journal of Social Hygiene

VOL. 27

FEBRUARY, 1941

NO. 2

## A Special Number on Venereal Disease Control Education in the Schools

### HEALTH EDUCATION IN RELATION TO VENEREAL DISEASE CONTROL EDUCATION

*Report of a Cooperative Project Between the United States Public  
Health Service and the American Social Hygiene  
Association, 1939-1940 \**

MAURICE A. BIGELOW, PH.D., SC.D.

*Educational Consultant of A.S.H.A., Special Consultant of U.S.P.H.S.,  
Professor Emeritus of Biology, Columbia University*

#### I. HEALTH EDUCATION AND SOCIAL HYGIENE IN RELATION TO VENEREAL DISEASE CONTROL

##### *Aims and Outline of the Project*

One of the cooperative projects conducted jointly during 1939-40 by the United States Public Health Service and the American Social Hygiene Association provided for a study of instruction in hygiene and health education as presented in typical schools and colleges, and of the public health informational services of state and local health departments, with special reference to any educational activities and results which appear to relate to the important problem of public support and understanding of the venereal disease program.

Personal conferences with state and local health and education officials and with prominent educators in schools and colleges were arranged, chiefly in connection with a field trip of about 12,000 miles in New York, New Jersey and through the southern, southwestern and Pacific Coast states, and by attendance at important health confer-

*\* For the purposes of this study of education and public information concerning the venereal diseases, PROFESSOR M. A. BIGELOW was authorized to collect information by personal conference and correspondence with officials of health and education departments and with representatives of selected schools and colleges. The study was under the general supervision of DR. WILLIAM F. SNOW, Chairman of the Executive Committee of the American Social Hygiene Association.*

ences.<sup>1</sup> State departments of health and education of the following states cooperated by arranging conferences with staff members who were concerned with health education and publicity:

Alabama, Arizona, Arkansas, California, Georgia, Louisiana, Mississippi, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Virginia, Washington.

From these and about a dozen other states much additional information has been obtained by correspondence.

### *Health Education in Relation to the Larger Social Hygiene Education*

In planning the project, it was agreed between Dr. Vonderlehr and Dr. Snow that the phrase, "educational activities which appear to relate to public support and understanding of the venereal disease program," should be interpreted as including any aspect of health education in the broadest sense which offers background, methods, setting, or opportunity for venereal disease education. Moreover, health education was understood to include physical, mental, and social health as involved in the larger program of social hygiene education which extends from simple sex education in childhood, through schools and colleges and adult education, to family life education in preparation for marriage and parenthood.

In connection with the field trips to eighteen states, previously mentioned, there were many opportunities for discussing health education in relation to social hygiene education with competent educators in state departments of education and health, and in schools and colleges. In about twenty colleges and large school systems, there were staff conferences of several hours for special discussions of local problems of social hygiene education in relation to the local situation and the general movement throughout the United States.

In all these conferences there was general agreement on all essential points which have developed in about fifty similar conferences conducted in other educational institutions in 1938 and 1939 under the auspices of the American Social Hygiene Association. These group conferences, supplemented by hundreds of personal interviews and extensive correspondence during the past three years with leaders in education, medicine, religious work, parents' organizations, and agencies which work with youth, have led the writer of this report to the conclusion that there is among leaders in the United States no important opposition to the general principles of the larger social hygiene education movement. As in many other parts of American education, there is honest disagreement as to the details of the proposed educational plans, but it seems clear that the overwhelming majority of educated Americans agree that our young people should somehow get definite instruction concerning all aspects of sex which are known to affect profoundly the lives of normal humans.

<sup>1</sup> National Conference on College Hygiene (for Negro colleges) in Nashville, Tennessee; the Conference of American Association for Health, Physical Education and Recreation in Chicago; and the Conference of New York State School Physicians at Saratoga Springs, New York.

While there is general agreement on the importance of sex education, there continues to be much disagreement as to an appropriate term which may become generally accepted to indicate such work. There is a marked tendency throughout the United States toward avoiding the phrases "sex education" and "social hygiene education" as headings for school programs, and toward merging instruction relating to sex under programs and courses called "family life education" and the obviously broader "human relations education." Excepting the social aspects, much of the desirable instruction is often included under "health education."

While the joint project as stated in the foregoing led into various phases of social hygiene education, this report must be limited to topics in health education which are directly related to venereal disease control education. Reports and notes, formal and informal, on many topics of interest in connection with social hygiene education in general, and especially on sex education for childhood and youth and family life education, have been recorded with the American Social Hygiene Association.

#### *Sex Education Important for Venereal Disease Control*

All recent studies of the larger sex education in leading school systems and colleges confirm the long-standing and widespread belief that all education which makes for character and understanding of the natural relations of the two sexes is indirectly and in the long run very important for venereal disease control. In fact, the writer did not discover, either in personal interviews or correspondence, any health officer, physician, educator, or minister who failed to support the belief that sex education in home and school, in its character-building or social aspects, is making an important contribution towards control of venereal disease in the future. All leaders who were consulted on this point agreed that it is impossible to measure any contribution of character education towards control of conduct in the future lives of those who are being taught. But, however much the leaders questioned whether sex education in general may have a positive bearing on the problems of venereal disease control, they did not doubt that the sex-social education, or sex-character education which has been developing during the past twenty years has already shown definite results in leading many thinking citizens to accept and support the national program for venereal disease control.

In a number of conferences, especially with parents and teachers, there was discussion of this question of relation of sex education to conduct-control as an indirect preventive of venereal disease. In all cases it was agreed that direct teaching concerning the venereal diseases as communicable diseases is the most important educational attack so far as protection of the individual is concerned; and that at the same time such teaching leads to public understanding and support of the national, state and local programs under medical and public health auspices. But in these same conferences there were many persons whose views were in accord with those of Surgeon

General Parran as stated under the topic *Ethical Outlook in Chapter X of Shadow on the Land*. Many times the following sentences from that book were discussed and found to express the prevailing point of view:

“It is of the utmost importance for us in the United States to encourage the education of our young people to decent living through all the means at the command of church, school, official, and voluntary agency. I am an earnest advocate of every effort in this direction, yet I feel that we are criminally careless if we rest our case for the control of syphilis solely upon such effort. Moreover, I do not believe that sexual morality should stand or fall on its relationship to venereal disease. . . . Fear of disease alone will not control syphilis. Ideally, we should teach our boys and girls to prefer sex morality. We also should provide the social and economic conditions under which they might lead normal sex lives.”<sup>1</sup>

#### *Relation Between Departments of Education and Health in General Health Education and Venereal Disease Control Education*

The facts gleaned in 1939-40 from reconnaissance, correspondence and printed reports from more than thirty states, supplemented by earlier studies, indicate that most state and local departments of health are active in public information regarding the venereal diseases, and welcome opportunities for giving instruction in schools and colleges. Many health officers have expressed regret that their staff members could not meet all demands for venereal disease instruction. Most state and local departments of education invite the health departments to take charge of any work in venereal disease education, even in states and regions where cooperation from the health departments is not welcomed in most other aspects of health education. While so far in the movement, education concerning venereal diseases has usually been left to health departments, there is a decided tendency in many state and local departments of education towards establishing divisions or officers in special charge of health education, and as will be pointed out later in this report, these look forward to including the venereal diseases among the communicable diseases in the regular school health instruction. At the same time there is developing a commendable tendency towards cooperative relations between education and health departments. Supplementing these official departments, the voluntary health agencies in some states and cities are playing an important part in venereal disease control education, in informing the public and cooperating with educational institutions.

While it is generally agreed that venereal disease control education should be centered in departments of health, state and local, and often supplemented by voluntary agencies, concerning most other aspects of general health education there is great diversity of opinion and practice as to the responsibility and working relations of education and health departments. This is an important problem and often leads to conflicts in programs of state and local departments. The present report is concerned chiefly with state departments of education and health; and only a few outstanding attempts at coordination or cooperation in general health education can be reviewed.

<sup>1</sup> P. 222.

The facts noted below were brought out by the primary inquiry as to how far venereal disease control education was involved or was believed to be related to general health education in adult education and in schools and colleges.

#### **Alabama—**

The State Department of Health is much interested in public health education. The Director of Public Health Education, John M. Gibson, is a trained journalist whose special job is health publicity, with a steady flow of lectures, radio talks, bulletins, and news releases. About one in ten of these deal with venereal disease. The State Department of Education is in charge of health education in schools. Dr. J. N. Baker, State Health Officer, and Dr. A. H. Collins, State Superintendent of Education, are interested in developing some plan of cooperation of the two departments in relation to health education in schools and teacher training colleges.

#### **Arizona—**

The Division of Health Education (Frank R. Williams, Director), under the State Board of Health gives a health education course in the two state teachers' colleges and special venereal disease talks in all senior high schools and junior colleges in the state. Plans are developing (1940) for closer cooperation between the State Departments of Health and Education, possibly in a joint division of health and physical education. At present the Division of Health Education and the State Department of Public Instruction cooperate fully in planning health education for the public high schools, but the Division of Health Education is responsible for the teaching. Both state departments (health and education) agree on the importance of training health teachers for the schools as rapidly as possible. Meanwhile, members of the State Board of Health, the Arizona Medical Society, and the state university are contributing to the needed teaching in schools. In the two teachers' colleges, tuberculosis, venereal disease, and typhoid are the leading topics under "communicable diseases." The new Arizona Health Coordinating Council will support the state health educational program which, as a cooperative project, is highly commendable.

#### **Arkansas—**

The State Health and Education Departments are interested in health education for the high schools, but lack of funds has made a definite program impossible. Members of the Health Department staff give lectures on venereal disease in high schools. Dr. W. B. Grayson, State Health Officer, speaking of public information, said that "the best health education is service." The University of Arkansas, in its school of Education, welcomes cooperation with the State Health Department in training teachers.

#### **California—**

The State Department of Health has full responsibility for venereal disease control education, and refers all inquiries concerning health education in the schools to the State Department of Education. This

department is now interested in teaching concerning venereal diseases in the high schools, but looks to the State Department of Health for guidance in selecting matter for inclusion in the studies of communicable diseases in health courses. There is a joint committee of the two state departments, which was appointed to work out courses of health education from elementary schools through junior colleges. Mr. W. H. Orion, head of the Division of Physical and Health Education, is the acting chairman. Several counties have been selected for experimental work under this committee.

#### **Delaware—**

The State Board of Health and the Department of Public Instruction cooperate in health education, especially in sex education. The two departments join in supporting work through a joint committee which leads the sex education movement, beginning by getting the backing of parents and groups of citizens. Instruction in the schools centers in the State Director of Physical and Health Education, George W. Ayars.

#### **Georgia—**

The State Department of Health, Division of Preventable Diseases, under Dr. Bowdoin, is active in venereal disease control education, in lectures to laymen, students and professional groups. Considerable health education activity in schools, under the Director of Health Education, Miss Fannie Shaw, is not clearly organized with relation to the State Department of Education. In the development and conduct of health education in the public schools of Georgia the state departments of education and health cooperate cordially and extensively, but there is no official coordinating organization.

#### **Illinois—**

A program of social hygiene education has been sponsored for about eight years by the Division of Child Hygiene and Public Health Nursing of the Illinois Department of Public Health. Mrs. Margaret Wells Wood is full time lecturer and field worker. It aims at the larger social hygiene education for adults, parents especially, and youth in the schools. It appears that there is not any close or important coordination with the State Department of Education.

#### **Minnesota—**

The State Departments of Education and Health are cooperating in an attempt to institute a social hygiene program in the broadest sense throughout the State. Mr. William Griffiths, a specialist in child welfare, works in the Department of Health as director of the program. A questionnaire signed by the Commissioner of Education and the executive officer of the Department of Health has been sent this year (1940) to all school superintendents. Most of them report much interest, but school work not satisfactory because teachers are not trained and definite outlines are needed. Both state departments are now working for courses or units on sex education in the six state teachers' colleges.



**New York**—

The State Education Department has a Health and Physical Education Division, Dr. Hiram A. Jones, Director, which is responsible for Health Education in the public educational system of the state. The State Health Department has a Division of Public Health Education, Mr. B. R. Rickards, Director, which is primarily concerned with health information and education outside the public schools, but stands ready to cooperate as far as possible with the Health Division of the State Department of Education. Venereal disease control education has been recently transferred to Public Health Education but still has some ties to the division charged with the control of venereal disease. The distribution of labor between the State Health and Education Departments strikes an observer from outside as a logical and proper arrangement for departments as large and complex as the New York ones are. The Education Department has a public school field large enough to justify the employment of a staff of experts in education and in health; and the Health Department has an extensive and challenging opportunity in public health education and information outside the schools.

**North Carolina**—

A five-year project (1939-1944) involves close cooperation between the State Board of Health and State Department of Public Instruction in developing in the public schools and health departments of some selected counties a unification of health service and health education. The Rockefeller Foundation and the General Education Board are cooperating. A coordinating advisory committee composed of Dr. J. Henry Highsmith, of State Department of Public Instruction, Chairman; John F. Kendrick, M.D., adviser, representing the Foundation; Walter Wilkins, M.D., Ph.D., Coordinator of Health and Education in Schools, representing both state departments; and three members representing the State Medical Society, the teacher training colleges, and the State University. The two State departments have had limited cooperation for more than twenty years but the present organization of the School Health Coordinating Service appears to put the joint forces and services of the two State departments into an effort in behalf of the health of the school children of North Carolina.

**Oklahoma**—

The State Health Department, under Dr. Grady F. Mathews, has a Director of Health Education, Mr. Hugh Payne. The State Superintendent of Public Education is much interested, but has no special health education officer. The retiring director of high schools has been active in promoting work in schools. There is need of teacher training in the state colleges for teachers. The State Health Department is in an advisory relation to state, county, and local departments of education. The most important health education and social hygiene education program in the state is in the Tulsa high schools, chiefly under health and physical education and home economics. The director of physical education, who is not a physician, gives "talks"

to groups on sex education and venereal disease, and during the year reaches all junior and senior high school boys (about 5,000). The program in family life education for all boys and girls in senior high schools is now a successful experiment in developing desirable attitudes between the sexes and interest in family life.

### **Oregon—**

The State Board of Health is actively pushing venereal disease control education. The Oregon Social Hygiene Society for years supported an extensive education program. At present the Oregon State System of Higher Education has the center of the education stage, and is in an important position for leadership in health education in the school system of the state. Dr. Frederick M. Hunter, the Chancellor, has expressed his deep interest in health education by establishing the Committee on Coordination of Health Activities in the State System of Higher Education. That committee consists of the Dean of the University of Oregon Medical School, the deans of the health and physical education departments in the University of Oregon at Eugene and the Oregon State College at Corvallis, and the presidents of the three Colleges of Education. The first three members of the committee are prominent in state and national health education, and the programs for teacher training in health education and social hygiene education at the University and at State College are excellent. The special consultant who reported these facts did not have time to visit the three colleges of education, but under the leadership of Chancellor Hunter, health education is sure to flourish in these as it does in the University and the State College. When the State System has trained a new generation of teachers who understand health, the public schools of Oregon will have a program or programs of health education that will stimulate emulation outside the state.

### **Tennessee—**

Some very significant cooperative activities in general health education have been developing for about ten years, and now these are being extended to include venereal disease control education. The cooperation dates from the beginning of the cooperative health education project of the University of Tennessee, the Commonwealth Fund, and the State Department of Public Health, in 1931. This project led to a state-wide education program and the organization of a State Planning Committee in 1935, with representatives of the University, the State Departments of Education and Health, and the Tennessee Valley Authority.

The far-reaching and comprehensive plans of this Committee command the admiration of experts in health education, but shortage of funds for education has retarded many proposed activities. But as an example of a kind of cooperation which is important for state-wide advancement of health education, administrators in health and education departments would do well to examine the Tennessee state program for health education in schools and teacher-training institutions, in which the State Departments of Education and Health are extensively cooperating under the leadership of a coordinator who repre-

sents both departments. Plans for health teaching in the public schools are developed in conference of the leaders from both departments, and the completed plans are introduced to the schools by the State Department of Education, which is responsible for supervision of the instruction. The State Department of Health supplies technical advice and illustrative materials direct to the schools recommended by the State Department of Education. How this cooperative plan has worked in developing experimental units on tuberculosis and syphilis in many high schools is reported by Dr. Robert White, State Coordinator of Health Education.<sup>1</sup>

Especially noteworthy is the fact that the State Department of Health has used funds available for venereal disease education for special training of a group of selected teachers, instead of employing special staff members for lecturing in the schools on these diseases, as is the practice in most states. This is in harmony with the State Planning Committee's emphasis on teacher training as the way to permanent health education in the schools of Tennessee. In long-range view, the Planning Committee is backing the health programs in the state university and the three state teachers' colleges, all of which, *mirabile dictu*, have full-time professors of health education and also professors of physical education.

#### **Texas**—

The State Department of Health is very much engaged in distributing by lectures, publications and radio the health information necessary for its far-flung health activities, especially venereal disease, at the present time. As far as the staff has time, health lectures are offered in schools and colleges. The State Department of Education has not yet appointed a director of health and physical education, and responsibility for such education on the high school level appears to be a local matter. In several leading state colleges, the health teaching is excellent, and public attitude is favorable for reasonable venereal disease education and sex education in many high schools. Like all other states, Texas needs many more competent teachers for health education in high schools.

#### **Washington**—

The Director of Health Education of the State Department of Health, Mr. Charles Hilton, has shown the talking slide film *For All Our Sakes* in about half the high schools of the state, and aims to reach the outlying counties next year. Parents accept venereal disease and sex education, but many older teachers are very critical. There is a service program for helping teachers of health education, and regional meetings with the Washington Education Association, the state teachers' organization. The State Department of Health is working for teacher training in health education. The state of Washington needs, at this stage of development of health education, a strong cooperative program backed jointly by the State Health and Education Departments.

<sup>1</sup> See *Bibliography*, page 92.

In the opinion of some prominent state health officers and others who are recognized as among the leaders of health education in the United States, a comparative survey of the general health education activities of the state health departments in the forty-eight states would be useful. It is agreed, also, that such a survey should include the coordinated or cooperative relations between the health and education departments. Moreover, the survey should give particular attention to the question of how far state education departments are tending to work with the health departments in developing units on venereal disease control as part of regular health courses in public high schools and state teachers' colleges. It will be a mistake if most education departments continue in their present tendency towards encouraging all phases of health education except the venereal diseases, which we notice are often willingly left to health departments to struggle with. In the opinion of recognized health educators who have been consulted on this point, the cooperation and coordination of the two state departments in Tennessee (described above) are highly commendable.

About half the state departments of education now have a director of health and physical education, or of physical education interpreted as including health education. Some of these directors are limited in their work to physical activities and recreation. Many state departments of health have no special division for health education. Some have staff members who are specially qualified for dealing with the problems of health education which come to the attention of the department generally, but can do little in promotion work in the state. A survey and summary of what is being done and planned by states for health education in general, and including venereal disease education, would be useful to the United States Public Health Service and the American Social Hygiene Association in their joint work for rapid extension of education on venereal diseases.

Venereal disease control education, especially when considered as public information, is under the officials or division for venereal diseases in most state health departments; and such educational work is practically independent of any general health education in which the department may be active, with or without a special division or official in charge of health education. There are some obvious administrative advantages in the recent reorganization in the New York State Health Department, in which the venereal diseases are now included in the Division of Public Health Education but with certain logical ties to the division in charge of venereal disease control, which perforce must correlate public information with treatment and prevention of venereal disease. Aside from the administrative gains from such an arrangement, there is decided educational value to the public in not setting the venereal diseases apart from other communicable diseases.

*Health Education Important as Center for Venereal Disease  
Control Education*

*The value of general health education as a setting for venereal disease education is quite clear in all schools and colleges which have*

well developed courses in hygiene, bacteriology and public health. In such courses, it has been found easy for trained teachers to add syphilis and gonorrhoea as two more communicable diseases in the list selected as most important for study by the students. These facts suggest that any efforts of federal, state and local departments of education and health applied to promoting health education in general are very important in that they tend to develop the best known basis for introducing, as a new sub-topic, the essentials of venereal disease control education.

*With reference to venereal disease education*, the desirable relations of departments of education and health are well illustrated in the coordination for teaching in high schools where plans are being worked out and sponsored jointly by state departments. Tennessee, Arizona and California are among the states where the educational problems were carefully examined during the field trip in the winter of 1939-1940. Incomplete correspondence indicates that similar coordinating activities are developing in other states. In most states concerning which we have recent information, the state and local health departments or voluntary health agencies receive permission from the educational authorities to conduct or direct venereal disease instruction in the public schools, often with methods and under conditions which educational experts would not approve if real coordination existed. As noted elsewhere, it is agreed among leading health educators that this situation can be improved and ultimately made satisfactory by training teachers for health education.

#### *Health Departments and Public Health Education Outside Schools*

As stated elsewhere in this report, it is generally agreed that health departments and approved voluntary health agencies are primarily responsible for educating the general public concerning the venereal diseases. The fact is that under the present relations of education and health departments the task of extending health information in general *to the public, outside schools*, has been left to the state and local departments of health and recognized voluntary health organizations.

This is practically the situation now throughout the United States, but many competent health educators question whether it is a logical and permanent arrangement. Our clearly defined national tendency is toward centering all aspects of education in departments, institutions and organizations which specialize in ways and means of instruction. It would probably be an advance if well-organized state or local systems of *adult education* could assume much or full responsibility for providing adequate health instruction for persons who do not get it in the schools.

This may be the line of development in the future; but under existing conditions all progressive health officers, state and local, are forced to develop, as far as funds permit, much public health education, especially public information, as an absolutely necessary basis for their health activities.

There will always be need of a certain type of health education, or health publicity, hand in hand with many health activities; and here is a strong argument for maintaining on the permanent staff of health departments *health educators who are primarily trained in health science*. It appears now that there will be expanding opportunities for such health educators, working for popular health education through state and local health departments. And they will have a still greater field if the movement for coordination between state and local departments of health and education becomes better organized.

## II. APPROVED PRINCIPLES OF VENEREAL DISEASE CONTROL EDUCATION AND INFORMATION

*(Based on facts and opinions collected in 1939-1940 and earlier and supported by a questionnaire in 1940)*

In connection with the 1939-40 studies of general health education in relation to venereal disease control education described in Part I of this report (and in field and other studies made by the writer of this report in 1937-38), there have been collected from leaders of health education in more than thirty states many facts and opinions regarding venereal disease education (including information). These are grouped and summarized here in order to show wherein there is now general agreement on various fronts among leaders in schools, colleges, public education and health departments, and voluntary health organizations. A "preliminary report" and questionnaire, entitled *Education Concerning the Venereal Diseases*, was prepared by Professor Bigelow and submitted by Dr. Snow for discussion or approval to 240 persons well known as experts or as interested in health education. The mailing list included state health officers, college professors of hygiene and health education, fellows and members of the American Public Health Association, and other persons of recognized standing in education. The great current interest in venereal disease education was indicated by the fact that more than 80 per cent of those who received the report responded during June and July, the two months in which it is hard to get a satisfactory response to any scientific or educational questionnaire. These replies have been used in revising the original statement, and many additional suggestions and discussions have been included in notes after each section. In addition, quotations from a number of letters have been appended.

Since the revised report was written in August, 1940, many delayed approvals have been received. It seems fair to assume that there is no serious objection among those who have not replied. As the report is now printed, it has the approval, at least in principle, of more than 90 per cent of the health education leaders to whom the questionnaire was addressed. Individual dissenting opinions on certain points have been noted under the "discussion" which follows each section.

It is probable that in no other phase of venereal disease control would we find such an overwhelming majority of the leading workers in such agreement on essential facts and principles. This is very heartening, because it means that there is no serious doubt among health leaders as to what is best in venereal disease control education. So we can now turn to working out the details of making venereal disease control education acceptable to those who as parents, citizens and administrators, stand back of and control our public educational system.

#### *Local Opposition to Health Education*

The reader of the following statements regarding venereal disease education should keep in mind that in many communities in the United States local forces are opposed to many aspects of health education, especially when it seems to relate to sex or religion. Hence there are many schools and colleges in which various suggestions in this report can not be applied until development of public understanding has occurred. There will be no gain, and possibly much loss, if serious opposition to venereal disease instruction is provoked in any local situation. That has previously happened in high school biology in some regions when militant and often incompetent teachers have over-stressed the idea of evolution.

Since opposition to venereal disease teaching will probably come from a minority of parents and teachers, it is desirable in every state that there be built up such a preparatory understanding of the problems as has been built up in Tennessee. In this state, the State Congress of Parents and Teachers, in close cooperation with the State Departments of Education and Health, has gained for health education, including venereal disease, the support of numerous leading parents and educators.

#### *Teacher Training*

Throughout this report it is assumed that much depends upon competent teaching personnel. This also applies to lecturers connected with public information services. It has been recognized by all persons consulted during the studies on which the report is based that there is in the United States a very limited number of competent health teachers, especially for high schools and junior colleges. And we should add that most teachers now dealing with health in the schools need some special help to prepare for teaching concerning the venereal diseases. Many of the letters received referred to the need of teacher training for health education in general, and for venereal disease education specifically. A clear statement of this problem was made by Dr. Malcolm Merrill, of California, part of whose letter is included in *Extracts from Letters*. (See p. 70.)

Desirable improvement of this handicap in health education movements seems to await development of better training in teachers colleges, especially those belonging to state educational systems. Here seems to be an opportunity for cooperation or encouragement

by state departments of health, and related departments. Pending improvement of teacher training for general health education, the United States Public Health Service and the American Social Hygiene Association might decidedly improve venereal disease control education by:

(1) Offering in some regions short courses of the one- or two-day institute type for teachers in service who are dealing with health in general.

(2) Preparing and distributing full outlines for lessons or units on venereal disease, in line with approved teaching of other communicable diseases. Outlines and syllabi on venereal diseases should be on two educational levels—(a) senior high schools and junior colleges, (b) teachers colleges.

(3) Helping state departments stimulate moves for better health education in teacher training institutions.

#### *Regular vs. Visiting Teachers*

For the selection of essential facts on the venereal diseases for integration in health courses, we must depend upon the judgment of expert health and science teachers as to what information will be useful to high school pupils, and what, in the present state of public opinion, it is wise to include in regular school courses. What such expert teachers will put into lesson outlines will be and should be superficial to experts in medical or nursing education, but this is also true of every other topic in health courses in high schools and general colleges.

At present there is an unfortunate tendency on the part of many experts on venereal disease to assume that even trained health teachers cannot select from books the essential facts, as they must do for all other phases of health teaching. In all parts of the United States, we hear from some physicians that they must do the teaching on venereal diseases in high schools, but they do not claim the same "right" for tuberculosis, typhoid, etc. A serious problem often arises when visiting physicians, or others who are not expert teachers of hygiene, undertake to lecture to youthful students on venereal or other diseases. They often give a medical lecture in semi-simplified language, especially stressing pathology beyond the understanding or needs of the pupils. They miss the high points that should be set forth in bold relief, and clutter the minds of the young learners with technical details which are worse than useless in general health education. It is fortunate that in some large school systems, *physicians who are also good teachers* are regularly connected with the schools. The same statement is applicable to college teachers of health.

Many leading school administrators are seeing the above points and are planning as rapidly as possible to include all venereal disease teaching in regular health instruction under the teachers of science or health, some of whom are physicians, who are full-time members of the school staff.



In Part I of this report it is noted that in many State Health Departments the leaders are working for *training of teachers of health education*, and in all cases this includes venereal and other communicable diseases. It appears to be the view of the decided majority of nationally recognized medical educators that the use of *visiting physicians or other special lecturers* on venereal diseases or other health topics in high schools is at best a temporary measure for schools which do not have adequately trained teachers. It is admitted that small high schools will not soon have such teachers, but there may be some good sense in the suggestion that in regions with many small schools, the state and local departments might do well to experiment with some well-trained teachers of health who travel regularly around a "circuit" of schools (say, five), like some preachers of pioneer days.

### *Revision of the Preliminary Report*

The questionnaire and preliminary report which was sent to leaders in health education for discussion or approval was under three headings as follows:

- A. *Public Information Concerning Venereal Diseases*
- B. *Instruction to Students in High Schools and Colleges*
- C. *Venereal Disease Education and the Larger Sex Education*

Since a decided majority of the correspondents who replied before August, 1940, approved the "preliminary report" without any changes, and most of the others suggested only minor changes in words, and sentences, it has been decided to follow the original text with such revisions in form (but not in content) as are obviously needed to make the meaning clearer. In addition, suggestions for additions, and discussions offered by some correspondents have been appended to each section under the sub-heading, *Discussion*.

### *A. Public Information Concerning Venereal Diseases*

**A1.** In the past five years information on syphilis and gonorrhea has been distributed widely, but there is still an astonishing amount of ignorance and misinformation on essential facts. Hence, there should be *continued extension of public information*—by short talks, motion pictures, special leaflets, posters, radio talks, newspaper releases. It is especially important that all such public information be *selected and adapted* to groups on various educational levels.

### *Discussion*

At least a dozen correspondents have urged that "selected" information for public use should be accurate, carefully worded, adapted to people on various levels of education and intelligence, and should avoid exaggeration, as in popularized statistics. Among college students and physicians, there is widespread criticism of some current statistical statements as to prevalence of venereal diseases. Other correspondents point out that a continuous flow of information on

venereal disease or on any other special health problems in a given community is certainly not useful, possibly the opposite. It is better that any disease selected for local emphasis have an obvious place in programs that touch various phases of health. Several correspondents with experience in socially depressed communities say that in such situations we need not worry about educational psychology when pushing a venereal disease or other special health campaign. It was noted that several state health departments which have weekly radio and newspaper talks deal with venereal disease about one in ten times in a year's program.

**A2.** *Selected books and pamphlets* on venereal diseases should be made more accessible in *public libraries and reading rooms* which display health literature. The present situation in many communities requires no more secrecy (but often more discretion) than with literature on tuberculosis and other communicable diseases.

#### *Discussion*

Many who have cooperated in this study of venereal disease education have expressed the hope that the United States Public Health Service and the American Social Hygiene Association will join in a recommendation of selected literature suitable for public reading rooms, high school libraries, etc.

**A3.** *Venereal disease control education for the masses of citizens who are not reached by schools* is clearly the duty, or at least the opportunity, of health departments (federal, state and local), medical associations and voluntary health agencies which are recognized by official health departments. On this phase of popular health education there is at present no disagreement as to responsibility; but concerning *health information in general for those who are outside schools* there are some overlapping interests of education and health departments and some unfortunate conflicts in certain regions. This has been discussed in a preceding section of this report. (See pages 58-60.)

#### *Discussion*

Section **A3** has been re-written in form, though not in substance, because five prominent health educators and three public health officers wrote that they feared the preliminary statement suggested too much responsibility centered in health departments. It appears that it would have been acceptable to all if the part in parentheses had been inserted as follows: "It appears to be generally recognized that under the existing relations of (state and local) health and education departments, the task of extending *information* (concerning the venereal diseases) *to the general public outside schools* (has been left) to the state and local departments of health (and medical and health associations). In addition, there are many state and local departments of education which are looking to health departments (and agencies) for hygienic and medical advice and assistance in helping schools and colleges to build up satisfactory programs of instruction (concerning the venereal and other communicable dis-

eases).” Apparently the omission of the words in parentheses made the statement seem to claim that health departments have acquired a monopoly of health education in general.

**A4.** *Maintaining interest* in national programs for control of the venereal diseases is becoming a *special problem in many communities* where groups of leading citizens already know the general facts. Special attention should be given to means of keeping these citizens interested in the latest phases of the movement while the interest of new groups is being developed.

#### *Discussion*

Two chambers of commerce reported that one luncheon session each year is assigned to the city health officer, provided that he plans a program on the recent progress in the venereal disease campaign and avoids repeating the general facts which belong in elementary lectures on syphilis and gonorrhoea.

#### **B.** *Instruction to Students in High Schools and Colleges*

**B1.** *General information* of students. Under present conditions, it is probably desirable that there be offered, perhaps each year, open lectures, forums based on written questions, and motion or other projected pictures designed to give general information concerning venereal diseases to *students who do not get special class instruction* (see B3 below). Many administrators of schools and colleges approve such meetings for general information, provided that *attendance is voluntary* and that the matter presented has approval of national and state experts.

#### *Discussion*

“Present conditions” refers to the fact that health instruction is undeveloped in the great majority of high schools and is required of only a small minority of the total of American college students. About a dozen correspondents, chiefly college professors of hygiene and education, questioned whether there should be “open” meetings dealing with venereal disease in any high schools and colleges; but they offered no suggestion for getting needed information to the tens of thousands of youths of both sexes who are now going through schools and colleges which do not require class instruction (see **B2**) in hygiene as a regular part of the curriculum. The ideal required health instruction recommended by the two National Conferences on College Hygiene for undergraduate colleges has not been adopted by the majority of the more than five hundred colleges, many of them large ones; and only a small fraction of high schools require a commendable course on health.

Dr. Thomas A. Storey, Dr. Walter H. Brown, and other members of the Stanford University group in *Hygiene and Physical Education* submitted strong arguments for including in the instructional program of all students in high schools and colleges a proper selection of material relating to the venereal diseases. They “doubt the use-

fulness of the open lecture and forum idea if it is to be used in assemblies, even though the limitations indicated are applied." This is ideal in the opinion of many health educators and administrators; but unless or until we have a decided revolution in instructional programs of the great majority of schools and colleges, the mass of students can be informed concerning current health problems (tuberculosis, venereal diseases, etc.) only by the methods suggested in **B1** above.

There is much opposition, again chiefly from college professors, to having large groups or "assemblies," but several prominent high school principals point out that it is often impossible to provide for repeating public lectures, motion pictures, *etcetera*, to groups of desirable size. Hence they argue that an open meeting voluntarily attended by hundreds is better than no information on topics which are important for youth today, and certainly venereal disease is one of the vital topics.

The writer of this report for several years has been looking for clear evidence for and against giving information to large groups when small class groups are impossible. He has found no evidence of harm, except to a few rare and peculiarly balanced individuals. Rather from talks with many students he is convinced that much good may result.

Several correspondents have pointed out that it is highly desirable that any special student meetings to consider venereal diseases or other diseases should somehow be made to appear to be connected with the school's health program. For example, in some schools and colleges, an open lecture or showing of a motion picture on venereal disease or other health topics is arranged as a special meeting of a regular health or science class to which all students interested are invited.

Elsewhere it is pointed out that there is a rapidly growing opposition to visiting lecturers. Since many schools and colleges do not have staff members who are prepared to talk about venereal diseases, it is worth while to experiment with open meetings in which a regular member of the staff takes the lead and submits a series of planned questions for discussion by the visiting lecturer.

"Voluntary attendance" was recommended in the preliminary report, but many physicians, most of them health officers, would like to vote for "compulsory." Some prominent educators object, especially where there might be a conflict with local public opinion.

**B2.** *Individuals in high schools and colleges should be given adequate personal information concerning venereal disease when they desire or need it.* The necessarily brief conversations with physicians and other advisers should be supplemented by approved books and pamphlets. We need no longer worry about private spreading of reliable information given to individuals. Such personal or "grapevine" distribution of facts has become important in many aspects of instruction that involve sex.

*Discussion*

Several correspondents point out that where selected literature on venereal disease is available, students do not ask many questions unless they think their personal health depends upon a physician's advice.

Two educators have written that even with widespread "reliable information" involving sex, "bull sessions" will continue to be more or less "smut talks." Probably true, but better than when such talks are based on misinformation, often dangerous.

**B3.** *Venereal diseases in regular health teaching.* Class instruction on the venereal diseases is rapidly becoming an integral part of study on the communicable diseases in leading high school and college courses in hygiene, bacteriology, public health and human biology. In the best examples of such teaching, the class work is being supplemented by books and pamphlets on venereal disease published by or approved by the United States Public Health Service, the United States Office of Education, the American Social Hygiene Association, and some state departments of health and education.

Directing attention of students to venereal diseases as communicable diseases in health courses has given very satisfactory results in some high schools and in many colleges. There are encouraging reports of experiments in groups of public schools under state departments of education and health in Tennessee, and under local boards of education elsewhere. Some independent trail-blazing schools (some of them officially "progressive") have had no difficulties in adding syphilis and gonorrhoea to the long list of well-known communicable diseases; but it is noteworthy when public high schools under state or local administrations have done this so as to interest the pupils and at the same time have the support of the majority of parents.

*Discussion*

There was 100 per cent approval of this statement. Many professors of education and administrators of schools and colleges agree that the proposition seems logical, and some expressed wonder that social hygiene leaders have tried to separate venereal diseases from their bacteriological relatives, while using them as a slippery spring-board for jumping into sex-social (or sex-character) education.

It also seemed to be agreed that under present conditions the venereal diseases deserve emphasis in health courses, especially in so far as students may be helped to understand the importance of the federal and state projects for control of these diseases, so that as adult citizens they will help support such public health activities which must center in our democratic government.

It is generally agreed among competent health educators that a well-organized health course, or series of lectures, offers a background or setting for lessons on venereal disease presented by the same methods as have long been successful in instruction concerning tuberculosis and other familiar diseases of the communicable group. It is

the experience of many successful teachers in colleges and in an ever-increasing number of senior high schools that students in classrooms review the *essential hygienic facts* on syphilis and gonorrhoea as free from emotions as when other germ diseases are being studied.

It is generally recognized that local public opinion must be back of such health teaching in schools. Hence, in some regions we must begin with public information, especially directed to parents. In this connection, the Tennessee Congress of Parents and Teachers, as previously mentioned, has done some commendable work in developing the attitudes of parents towards school work on tuberculosis and venereal diseases (especially syphilis).

In a rather hasty check of more than one hundred colleges there was found no administrative opposition to taking up the venereal diseases in appropriate courses which deal with health, and only one case in which the president would not permit a public meeting for a lecture or motion picture on venereal disease. It is evident that the situation in colleges depends on the professors concerned with health, many of them college physicians. Many of these have said that a special bulletin on *Venereal Disease Control Education for College Students* would be very useful as a supplement to current textbooks of hygiene.

### C. *Venereal Diseases and the Larger Sex Education*

**C1.** It has long been believed by most leaders in medical social hygiene that all aspects of sex instruction should play an important part in plans for control of the venereal diseases. Hence the leaders in the national and state movements for control of venereal diseases are believers in sex education for schools and colleges. In the early "sex hygiene" of thirty years ago, these diseases had the center of the educational stage, both as justification for and as introduction to sex instruction in general. All this has changed decidedly in the past ten years. Today, the most convincing arguments for sex education are based on many aspects of physical, mental, and social health which do not involve the venereal diseases.

This outlook on the relation of venereal diseases to the larger sex education has led many educators to draw a sharp line between the venereal diseases presented as communicable in health education, and all normal and universal aspects of sex presented in relation to physical, mental, and social health in various courses in schools and colleges and in extra-curricular instruction aimed at young people. All this means that the venereal diseases are being emphasized in health education, while the newer program for sex education is "another story." However, there should be many cross-references, such as social facts needed for understanding the distribution of venereal diseases and their social bearings on marriage and family life, and the relation of promiscuity and prostitution and extra-marital conduct to the distribution of the venereal diseases.

*Discussion*

The above proposition, that venereal disease education is not the logical basis of or closely connected with the larger sex education, had been discussed with many general educators before it was included in the preliminary report. It was not expected that it would receive almost unanimous support from health educators, many of whom have given special attention to the venereal diseases.

The fact is that only two of more than 200 persons (most of them health educators) who returned the questionnaire objected to the statement because they want to center sex education in high schools and colleges around venereal disease control. This takes us back to the beginning of social hygiene education in America in 1905—the “sex hygiene” of the Society for Sanitary and Moral Prophylaxis. Some enthusiastic medical members of that society made venereal disease the central theme of what was later named sex education. This was not the point of view of the great leaders, Dr. Prince A. Morrow and President Charles W. Eliot, both of whom believed that sex education as scientific information and social (or character) education would contribute indirectly much of value to the basic medical and public health attack.

In recent years some high school principals have discovered the need of sex education in their schools, and have begun with lectures on venereal disease, often given by local physicians. Such lectures may be better than nothing in this neglected phase of health instruction, but psychologically provide a bad setting for the larger sex education. The overwhelming approval of the idea that a *true sex education program does not begin with and is not centered on the venereal diseases* will go far towards improving both venereal disease education as a phase of health education, and sex education as a phase of human relations education.

It should be noted that the last sentence of the statement **C1** above provides for logical “cross-references.” There are many of these in courses, such as *family life* and *child care*, in *home economics*, and in fact wherever there is logical occasion for referring to health as affected by communicable diseases.

A number of correspondents have suggested that this report should be more specific as to education in “aspects of physical, mental and social health that do not involve venereal disease.” This report is primarily concerned with venereal disease control education and not with the outlines of the larger sex education. Fortunately, those interested may find the chief points of sex education as now progressing in many American high schools in the pamphlet entitled “*High Schools and Sex Education*,” a publication of the United States Public Health Service, and also in books and pamphlets published and distributed by the American Social Hygiene Association. (See p. 91.)

## EXTRACTS FROM LETTERS ATTACHED TO RETURNED QUESTIONNAIRES

NOTE: *About forty of the questionnaires were returned accompanied by letters or notes. The following significant extracts seem to support the conclusions drawn from about 200 checked questionnaires, and also contribute important ideas which could not be expressed adequately by checking approval of a printed list of propositions. The selected extracts are printed in random order.*

---

“Every statement in the preliminary report on *Education Concerning the Venereal Diseases* meets with the approval of this office. I would suggest, however, the addition of a new heading as follows: *Teacher Training*. Need of classroom teachers and supervisors for training in health education is apparent when one considers the subjects of venereal diseases and sex education. School health education should be a required study for all teachers in training and special courses should be arranged for teachers in service.” MALCOLM H. MERRILL, M.D., *Chief*, State Bureau of Venereal Diseases, California.

“I am glad to see that emphasis is being placed on the recommendation of having venereal diseases a part of health education rather than sex education. I have long felt that when the abnormal pathology of sex was incorporated in a general discussion of sex education, much of the interest that would otherwise be placed on the normal is quite overshadowed by the abnormal.” BERTHA M. SHAFER, M.D., *Executive Director*, Illinois Social Hygiene League.

“Our experience clearly indicates that venereal disease education and sex hygiene should be handled as two separate subjects. I do think, in connection with the venereal disease educational program, that approved references should be available for students who raise questions in the sex hygiene field.” W. C. WILLIAMS, M.D., *State Commissioner of Public Health*, Tennessee.

“Concerning the statement that the larger sex education should deal with physical, mental, and social health, I am in full agreement—sex health rather than sex disease.” KENDALL EMERSON, M.D., *Managing Director*, National Tuberculosis Association.

“I agree decidedly with this idea (that venereal diseases should be included in health education, and sex education is another program).” ROBERT H. WHITE, *State Coordinator of Health Education*, Tennessee.

“I favor a joint committee on relations between state education and health departments. The crux of the problem of venereal disease education in schools lies in education departments. Since the cooperation of departments of education and health is desirable in all health education, and since social hygiene is or should be a part of the larger health education program, I emphasize the desirability of a joint committee or similar plan which places major responsibility in the department of education.” C. L. BROWNELL, *Physical Education*, Teachers College, Columbia University.

“Most campaign literature dealing with venereal disease carries little moral or ethical advice because, obviously, the aim has been to throw the subject directly into the medical field. Nonetheless, when it comes to problems of propaganda and education, I believe one should recognize that there are moral problems to be met, particularly at the educational level.” IRA S. WILE, M.D.

“I commend the summarizing of such pertinent facts into this concise form. . . . It is interesting to note the trend in nationwide thinking on this important problem, and gratifying to observe the soundness in point of view.” E. L. BISHOP, M.D., *Director of Health*, Tennessee Valley Authority.

“General instruction in social hygiene, marriage, home, *et cetera*, should be related to the whole business of living as a physical, mental, and spiritual enter-



prise. We have been dissecting life so long that we have almost forgotten how to put it back together to restore its essential unity and harmony." LEE H. FERGUSON, M.D., Western Reserve University.

"It seems to me that the most gratifying feature of this report is the trend towards incorporating venereal disease prevention in the general treatment of the communicable diseases. I am glad we are getting away from the over-emotionalized special presentation of the problem which students have usually dubbed 'smut talks.'" PROFESSOR T. B. KIRKPATRICK, Hygiene Department, Columbia University.

"We feel that our social hygiene program (in Minnesota) which is sponsored by both the State Department of Health and the State Department of Education has decided advantages over an educational program which has the support of only one of these organizations. The Health Department is able to offer valuable technical assistance, while the Department of Education is indispensable when it comes to dealing with problems centering around educational procedures and policies." WILLIAM M. GRIFFITHS, *Director of Social Hygiene Education Program*, Minnesota.

"More progress might be made if trained teachers of hygiene were employed by high schools and colleges. . . . The placing of suitable literature in school libraries should go a long way toward filling the gap in personnel and courses." J. F. ROGERS, M.D., *Consultant in Hygiene*, U. S. Office of Education.

"In my experience, the separation of the venereal disease discussions from the usual sex hygiene lectures has materially aided both subjects." K. FRANCES SCOTT, M.D., *Physician and Professor of Hygiene*, Smith College.

"I believe that sex education should be an integral part, without a special title, of the general hygiene courses, just as venereal disease is part and parcel of communicable diseases." R. I. CANUTESON, M.D., *Professor of Hygiene*, University of Kansas.

"Concerning sex education on those aspects of physical, mental, and social health which do not involve the venereal diseases, the formulation of materials for instruction that emphasizes these points is an important job for a joint committee of mental and social hygienists." JOSEPH E. RAYCROFT, M.D., Princeton University.

Concerning the relation of venereal disease education to sex education: "This is a problem for the sociologists to work out with the educators. The position of the health department should be as a consultant re facts about the genito-infectious diseases. . . . Study of venereal disease (if permitted) should be put on same basis as study of other communicable diseases; neither segregated as a subject, nor used as a central theme of sex education." PAUL J. JAKMAUH, M.D., *Commissioner of Public Health*, Massachusetts.

"It should be clear that health education in the public schools is the sole responsibility of boards of education and state departments of education. Co-operative arrangements may be established between education and health departments, but the administration of the schools cannot be divided." JESSE FEIRING WILLIAMS, M.D., *Professor*, Columbia University.

"Students in doctors' waiting rooms will read pamphlets on venereal disease, cancer, tuberculosis, etcetera. We have difficulty in maintaining a supply. Propaganda in high school and college is very important." DAVID C. HALL, M.D., University of Washington.

"I am in essential accord with all the propositions submitted in your memorandum 'Education Concerning the Venereal Diseases.'" PROFESSOR C.-E. A. WINSLOW, Yale University.

"Our high school librarians are reporting that there has been no misuse, such as marking or tearing, of the social hygiene books we have placed on the open shelves of our secondary school libraries. I like the term 'the larger sex education' to isolate the venereal disease emphasis of the present as only a part of social

hygiene." G. G. WETHERILL, M.D., *Director of Health Education in San Diego (Calif.) Public Schools.*

"I am strongly in favor of considering venereal diseases along with other communicable disease problems, thus leaving sex education free to develop the positive and constructive aspects of sex and reproduction." H. L. MARSHALL, M.D., *University of Utah.*

"It is Health Education's duty to take to its bosom many phases of Social Hygiene, especially the venereal diseases in its list of communicable diseases." RICHARD W. WEISER, M.D., *Cincinnati Social Hygiene Society.*

Concerning the statement C on venereal disease and sex education: "Excellent so far as it goes. But sex and venereal disease physiology should be part of the instruction in human physiology in the high school and at least in the last year of the grade school." PROFESSOR A. J. CARLSON, *University of Chicago.*

"I think it is a splendid preliminary report which should receive the support of all good people. It is well presented." M. W. IRELAND, M.D., *Surgeon General (Retired), U. S. Army.*

"There is a growing conviction that sex education is imperative. How to get it done seems to be the issue. Schools alone cannot do it. All other agencies [that touch youth] should equip themselves to aid in the project." RALPH E. WAGER, *Professor of Education, Emory University.*

"I heartily agree with the general plans outlined under A, B, and C. There is no doubt in my mind but that we can stamp out these diseases and other sex problems only after such educational programs are adopted and put into use in all high schools and colleges and among other adult groups." A. B. MCCREARY, M.D., *State Health Officer, Florida.*

"There is great need for emphasis in our colleges on the larger field of sex education, particularly the presentation of materials on family and marital problems." PROFESSOR PAUL B. CORNELLY, M.D., *Preventive Medicine and Public Health, Howard University.*

Concerning the line between venereal diseases in health education and the larger sex education: "I think this last (statement) is very important." RUTH M. COLLINGS, M.D., *Physician and Head of Hygiene Department, Woman's College of the University of North Carolina.*

"Except for normal cross-references, sex should be normal and taught separately from disease." W. G. DONALD, M.D., *Physician, University of California.*

"The statement C should include specific emphasis upon parents' responsibility in initiating early correct sex education and information. Much of today's problem centers in erroneous first impressions." P. H. BARTHOLOMEW, M.D., *State Department of Health, Nebraska.*

"I think the integration of the study of venereal disease and sexual problems with the whole problem of the protection and care of the human body is very important." PROFESSOR ELLSWORTH HUNTINGTON, *Yale University.*

"The approach to the problem of sex hygiene from the aspect of physical, mental, and social health, rather than being included in discussions of venereal disease is undoubtedly sound. However, under present conditions of limited educational qualifications of public health personnel for teaching sex hygiene, it seems necessary that plans be considered to prepare public health educators for this new task." COURTNEY SMITH, M.D., *Assistant Commissioner of Health, Alaska.*

"The entire report seems to be timely and well presented." CARL V. REYNOLDS, M.D., *State Health Officer, North Carolina.*

"I am a strong advocate of courses on 'family life' in which the personal and social aspects of sound sex knowledge can be understood and applied in the total experience of community living." W. H. YORK, M.D., *Department of Health and Physical Education, Princeton University.*

"I am wondering if we have not now reached the place where we can, as this report suggests, handle the physical side of this problem in regular classroom work on communicable diseases and trust to our developing programs of family life education to take care of other aspects through a more positive approach. I incline towards the view that sex education will obtain its best results through educational programs which help people to understand their basic personality needs and how to meet them." DR. MURIEL W. BROWN, *Consultant in Home Economics Education*, U. S. Office of Education.

"The facts and conclusions stated in the preliminary report meet with my complete agreement. If the educational institutions of the nation, together with the United States Public Health Service and the American Social Hygiene Association, can successfully carry out a majority of the objectives these conclusions point to, tremendous strides will be taken toward the solution of this problem." JOHN L. C. GOFFIN, M.D., *Head of Health Education Unit*, Board of Education, Los Angeles.

"It seems to me that this is exceeding well done and I have no suggestions to offer for revision." IRA V. HISCOCK, *Professor of Public Health*, Yale University.

"This report, which seems concise, logical and practical, is the kind of statement which should be useful in securing inclusions of pertinent material in public school curricula." RAY H. EVERETT, *Executive Secretary*, Social Hygiene Society of District of Columbia.

---

#### EXAMPLES OF EXISTING WORK

EDITORIAL NOTE: JOURNAL readers will recall the brief summary of the foregoing report which appeared in the October 1940 issue under the heading *Health Education Concerning Venereal Disease*. To supplement field study and information on hand, the following letter was addressed to about two hundred educational leaders on January 25, 1941. Replies to this invitation will be coming in for some time, but the excerpts following the letter are presented for immediate information and interest.

##### *To Leaders of Education in the United States:*

The enclosed reprint, "Health Education Concerning Venereal Diseases," points out that leading health educators agree on placing the venereal diseases with the other communicable diseases in the health education work of high schools and colleges. In short, lessons or lectures on the venereal diseases should be included under health education rather than being stressed as an integral part of a program of general sex education.

It is the opinion of many prominent educators that instruction concerning the venereal diseases, and general sex education are two important topics which have been largely overlooked by various writers of plans for "the schools and national defense." Instruction and protection of young men, now going to the training camps, against venereal disease infections is necessarily one of the immediate major aims of the special Committee on National Defense Activities appointed by this Association. In addition to aiding in this work, the schools and colleges, however, can and should be setting up more permanent educational defenses for those who will be called for training and industrial work in future. This applies particularly to the boys who are in senior high schools and colleges. For this reason, the Association's National Education Committee urge that educators who are in positions of leadership stimulate appropriate instruction on the venereal diseases in health education courses in schools and colleges in their respective regions of the United States.

The Committee believes that educators will also see opportunity for even more important "defense education" in the second part of the last paragraph of the enclosed reprint. This stresses sex education in its social aspects which aids young people and tends toward developing standards of conduct that for many are more "protective" against venereal diseases than any medical measures.

Here is a line of national "educational defense" which deserves the greatest possible emphasis and promotion at this time.

We should be pleased to receive any comments or suggestions regarding the educational problems mentioned in this letter.

*Respectfully submitted,*

WILLIAM F. SNOW, M.D., *Chairman, Executive Committee*

MAURICE A. BIGELOW, *Educational Consultant*

**Arizona—State Board of Health:** We have tried to reach the total student body in every high school and college in the state. By the use of motion pictures, lectures, and through the use of venereal disease literature this activity was carried on in cooperation with the Committee on Public Health Education of the Arizona State Medical Association, which is the coordinating committee, at the present time, for the Arizona State Board of Health.

At both of the State Teachers Colleges the courses in Health Education are given under the direction of the Arizona State Board of Health. Included in the lectures which are given are lectures on venereal diseases and sex education. At the same time special lectures are given on venereal disease and sex education to the remaining students not in attendance classes. The division of Health Education previously centered the program around Social Hygiene Day, but now believes that the present program, which is continuous, sufficiently emphasizes the problem of venereal diseases in the State of Arizona.

**California—Los Angeles Board of Education:** The subject of venereal diseases has been handled in connection with sex education talks by school physicians to *Senior Problems, Life Science* and other classes in the high schools. We have not as yet attempted to teach it in all schools. Since the public mind has only recently been willing to accept this instruction, it has not yet been developed into a really comprehensive program.

Some of the physicians report that they have talked very successfully to mixed groups on various phases of sex hygiene. There is no full account, however, of just how much venereal disease teaching has been done by science teachers, or how well it was done. Instruction in this field is still tentative and experimental, but we are trying to strengthen and extend it as rapidly as possible.

**California—San Diego Department of Health Education:** Statements received from teachers in the schools of San Diego indicate that a good deal of venereal disease education is being given.

In San Diego State College, education on the venereal diseases is given in the following courses: *Freshman Hygiene, Preparation for Marriage, Physiology of Reproduction, Bacteriology, and Biology.*

In the Snyder Continuation School, venereal diseases are treated along with other communicable diseases in a course in *Health Problems*; the *Home Nursing* unit on *Prenatal Care* discusses these diseases, with stress on the blood test as a part of the prenatal examination and as an important part of the premarital physical examination; and the unit on *Infant Care* touches on the subject, particularly in relation to the care of the baby's eyes at birth.

The Point Loma High School includes instruction about venereal diseases in *Home Life, Home Hygiene* and *Child Care* classes, in the units on communicable disease and prenatal care. Venereal disease education is included in the class work by the R.O.T.C. instructor. A representative from the State Department of Public Health talked with all the boys of the school and showed films on venereal diseases last year. A similar program will be given for the girls this year.

Memorial Junior High School treats of venereal diseases in both health and science classes, but specific symptoms and treatment of the individual diseases are discussed only in the health classes. When questions arise in other classes, "it is the policy that frank answers are given."

At the Hoover High School, venereal disease instruction is given in courses on *Home Nursing, Home Life* and *Physiology*, along with instruction on other communicable diseases. A special program of films and a talk is also given.

**Minnesota—State Teachers College at Mankato:** Since 1938, the State Teachers' College, Mankato, Minnesota, has offered a general course in *Personal and Community Hygiene* which reached all students. This course is set up so that venereal diseases are discussed in the course under a general unit on *Diseases and Infections* rather than under the unit on *Social Hygiene*. The unit on *Social Hygiene* is presented as a part of personal hygiene after other units as nutrition, disease, mental health, and so forth have been discussed. The hygiene course has been presented to some eight hundred students in mixed groups with no emotional reactions whatsoever.

**Minnesota—Macalester College at St. Paul:** During the past fifteen years there has been a growing tendency to dissociate the two venereal diseases from sex education even though the vast majority of infected individuals acquired one or both of these diseases by primary sex contacts. Two reasons appear to underlie this shift in emphasis. The first is that a larger number of persons will avail themselves of opportunities to hear lectures about these diseases if they are treated objectively and discreetly *per se*, without reference to the moral implications. The second reason is that sex education of youth is far more effective if the element of fear of contracting a social disease is not made the most important part of the sex education program. In the past, sex education was almost synonymous with implanting the fear of contagion in the minds of young people, on the assumption that this fear would act as an effective deterrent to experimentation and promiscuity. It is questionable whether fear has ever engendered a higher standard of morality. Since contraceptives are becoming increasingly more disease-proof, fear of contagion will correspondingly decline and sex license will be stepped up. Consequently, a program of sex education with the emphasis on the normal anatomical and physiological considerations, amply supplemented by the positive personal, psychological and social values, may bring about the desired results more quickly and with more intelligent cooperation than the negative factor of fear. Time will tell.

**New Mexico—Department of Public Health:** The suggestion has been made to all high schools and colleges that teaching concerning venereal diseases be placed with the other communicable diseases.

**New York—Fieldston School in New York:** It is not our practice to teach a specific unit on venereal diseases but rather to deal with them as questions arise in connection with other phases of science in our general science work in the junior high school and also in our biology classes. We feel, in other words, that these matters should be considered as aspects of a larger problem and not something to which specific attention should be called or as units of study in their own right. In the same way when we are dealing with sex education we do not feel that the proper procedure is to approach it from the standpoint of venereal disease. This would seem to throw the whole matter out of context and to constitute an unfortunate approach to sex and health education."

**New York—State Normal School at Oneonta:** Venereal diseases are taught with the other communicable diseases, and our sex education program grows out of various other aspects of our instruction as well as getting its proper emphasis in the course on personal hygiene.

**Vermont—State Board of Health:** An outstanding example of cooperation in educational work is seen in the program sponsored jointly by the State Department of Health and the State Department of Education in the high schools which has been going on for about ten years. Reports show short social hygiene courses are given in nearly all of the state's high schools. Instruction includes a general talk to the entire student body, showing of the film *The Gift of Life*, with subsequent talks to boys and girls separately, and showing of other social hygiene films. The sessions include a question and answer period and general discussion. The instructors have endeavored to give a broad approach to the whole subject of social hygiene, recognizing the value of proper education regarding sex, education for marriage, wholesome environment and recreational measures.

# TEACHING ABOUT THE VENEREAL DISEASES IN A CALIFORNIA HIGH SCHOOL

ANITA D. LATON, Ph.D.

*Research Associate, Bureau of Educational Research in Science, Teachers College, Columbia University*

University High School in Oakland, California, is a public, three-year high school with a student body of eighteen hundred or two thousand. Each year a large number of student-teachers work in it and carry out to their own schools, ideas as to courses of study and methods of teaching. A large percentage of the students in the school are preparing for college or other institutions of higher learning. However, the students are drawn from many economic and cultural levels and present a wide range of abilities and attitudes. Biology and physiology are offered as electives in science and are taken by approximately a third of the students. A unit on communicable diseases is included in each of these courses. Study of the social aspects of communicable diseases is included in some of the social studies classes.

In the biology and physiology classes a few days are usually devoted at the beginning of the year to discussion of what the students and the teacher think should be included in such a course, the sequence in which topics may profitably be taken up, and what the students may gain from study of each. The teacher calls attention to the bulletins of the California Health Department and of the United States Public Health Service as up-to-date sources of information on health problems. Samples of these are distributed and the students inevitably become interested in the reports of morbidity and mortality from their own locality. The teacher suggests studying the ten or twelve most common diseases as shown by the number of cases reported. Syphilis and gonococcus infection are always among these. Ordinarily the class adds to this list such diseases as smallpox and typhoid fever, although the number of cases is usually small.

Having listed the diseases for study the class discusses what they, as intelligent citizens, should know about each. This includes such items as: number of cases, number of deaths, trends in morbidity and mortality, whether one age level is attacked more than others, how the disease is spread, whether a causative organism is known, control of the disease, diagnostic test, if used, possible immunization, early symptoms, what a person with those symptoms should do, what people associated with a patient should do, treatment (in general), research now being carried on. The list will vary from class to class but the teacher makes sure by question and suggestion that the students see the need of information on these points. Each student makes a chart listing the diseases to be studied and the items to be

considered. It is the responsibility of each student to fill this in correctly.

Two or three consecutive weeks may be devoted to study of communicable diseases or work on this topic may be scattered through the year. Often one student or a small group of students becomes responsible for teaching the rest of the class about each disease. The teacher works with the students while they are preparing their reports. This supervision is important for all such reports, but especially so with regard to the venereal diseases. The teacher is able to see that all important points are covered, that wrong emphases are not given, and that the material is as objective as that given for other diseases. Field trips may be taken to hospitals, clinics and public health laboratories to learn about the general disease problem in the community and how it is being met. Motion pictures dealing with the diseases under discussion are shown, bacteria are grown on agar and studied under the microscope, reading materials are provided, and a variety of other activities encouraged. The venereal diseases are emphasized in the same way as other diseases are emphasized, for their costliness in lives, in health, efficiency, happiness and money.

In many classes a committee takes responsibility for making a blackboard graph showing the yearly fluctuations in the diseases being studied. This is added to, month by month, as new figures become available. The endemic nature of the venereal diseases appears clearly and is in marked contrast to the seasonal variations shown by many of the childhood diseases.

This program of instruction has been in operation for more than twenty years and has always been favorably received. A question sometimes asked is how valuable any instruction in venereal disease can be, which fails to reach the whole student body. The answer is not easy to find. It is clear that factual information would be more widespread if all students were included in classes receiving this instruction. This is undoubtedly desirable. However, just as public health officials have found it unnecessary to vaccinate the whole population in order to prevent smallpox epidemics, there seems some evidence that formal instruction need not reach everyone in order to develop desirable attitudes. In this school the percentage of the student body reached is large enough to remove for the school as a whole the assumption that the venereal diseases are not fit subjects for study or discussion. Students compare notes informally on their assignments and there is general knowledge of what is being studied in the various classes. Books containing information about all the communicable diseases are available on open shelves in the library. Student editorials and comments sometimes appear in the school paper. This has been especially true since the United States Public Health Service launched its widespread campaign against the venereal diseases. It becomes common knowledge that teachers can be asked questions on this as well as on a variety of other subjects without embarrassment or censure of the questioner. It appears that the wholesome attitude so often listed as one of the most important objectives of study in this field is being well achieved by this program.

## EDITORIALS

### EDUCATION FOR LIFE

A preliminary summary of a recent study of high school educational methods says: "It is generally conceded that our secondary schools have failed to prepare young people for the business of living."\*

It seems to the JOURNAL editors that the testimony presented in Professor Bigelow's report in this issue is one piece of evidence in qualification of this statement. Granted that all high schools have not yet found their way to provide adequate health education, an increasing number appear to have this important part of preparation for life on their minds, and to be making a definite effort to equip their students with necessary health and related facts.

Health education, of all topics included in school curricula, is most seriously in need of factual and practical bases of instruction. Its application is personal and often immediate. Because this is true, and because until the last few years in some people's minds the question of conserving moral standards was the chief objective instead of prevention of venereal diseases, many educators have found it difficult to include education on these infections. That such inclusion seems now on the way to becoming general in high schools indicates, we think, better understanding among teachers and parents of this health problem, and a growing effort on the part of the schools to provide in this respect real education for life.

The JOURNAL takes pleasure in presenting this special number on *Venereal Disease Control Education in the Schools*, and invites readers to send in any additional information on this topic which is pertinent.

### SOCIAL HYGIENE DAY A SUCCESS

The overwhelming activities surrounding Fifth National Social Hygiene Day make it possible to announce in this

\* See *Education for College or for Life?* by Dorothy Dunbar Bromley, *Harper's Magazine*, March, 1941.



February issue (delayed in publication to late February by pressure of Social Hygiene Day work) that the nation-wide observance of this event was again an outstanding success. Five great regional conferences in Los Angeles, New Orleans, New York, Philadelphia and St. Louis, heading up the celebration, drew large crowds, rivaled in size and enthusiasm by community meetings in hundreds of large communities and thousands of smaller towns. These were supplemented by group meetings in clubs, parent-teacher associations and many other agencies; by radio programs, motion picture showings and wide-spread newspaper publicity.

The Social Hygiene Day report, now in preparation, indicates increasing public interest, continued from year to year and reflected in many places in improved social hygiene conditions. Send us your report and any suggestions for Sixth National Social Hygiene Day in 1942.

#### WHAT'S IN A NAME?

Doubtless many readers of the JOURNAL will ask why the old term "venereal diseases" is used in the principal articles and comments in this number, rather than the scientific names, syphilis and gonorrhoea, or the term "genito-infectious diseases," which has been advocated for some years. The Association has taken advantage of every opportunity to stress the appropriate use of the words syphilis and gonorrhoea and the names of other disease entities in the group. The title of the *American Journal of Syphilis, Gonorrhoea and Venereal Disease* illustrates other attempts to do this. But the inclusive term "venereal diseases" is still most widely understood and used.

While there is some reason to believe that the term "genito-infectious diseases" may ultimately win recognition for group reference, it seems best at this particular time and in this issue to use the older term which is so thoroughly imbedded in scientific, medical, and social hygiene literature and in such publications as the *Encyclopedia Britannica*.

## NATIONAL EVENTS

**Developments on the Federal "Front."**—A *Joint Army and Navy Committee on Welfare and Recreation* has been appointed by the President, with Frederick H. Osborn, of New York, as Chairman. This committee comprises outstanding citizens and officers familiar with civilian, army, and navy recreation and welfare problems and activities. The committee is concerned primarily with problems inside the reservations, but will cooperate closely with civilian authorities and voluntary agencies to improve surrounding conditions.

More recently, the President has appointed Charles P. Taft, of Cincinnati, to serve as Assistant Coordinator of health and welfare and related defense activities. To assist Mr. Taft, and Federal Security Administrator Paul V. McNutt as Coordinator, there has also been appointed a small staff within his office, headed by Miss Gay Shepperson.

An *Interdepartmental Advisory Council* has also been appointed, comprising the following federal officers:

Arthur Altmeyer, Chairman, Social Security Board; Aubrey Williams, Administrator, National Youth Administration; J. J. McEntee, Director, Civilian Conservation Corps; J. W. Studebaker, Director, Office of Education; Dr. Warren F. Draper, Acting Surgeon General, United States Public Health Service; C. B. Baldwin, Administrator, Farm Security Administration; M. L. Wilson, Director, Extension Work; Milo Perkins, Administrator, Surplus Marketing Administration; Dr. Louise Stanley, Chief, Bureau of Home Economics; John M. Carmody, Administrator, Federal Works Agency; Frances Perkins, Secretary of Labor; Katharine F. Lenroot, Chief, Federal Children's Bureau; Conrad Wirth, National Park Service; Harold W. Breining, Assistant Administrator, Veterans Administration; Charles W. Eliot, Director, National Resources Planning Board; Frank Bane, Director, Division of State and Local Cooperation; Charles Palmer, Housing Coordinator; J. B. Hutson, Agriculture Division; Sidney Hillman, Labor Division; and Harriet Elliott, Consumer Protection Division.

Mr. Taft and his staff will function through the regional defense coordinators and state organizations and through joint activities arranged with cooperating national voluntary associations and their state and local affiliates.

There is every reason to believe that this set-up will not only be carefully coordinated with permanent governmental agencies such as the Federal Security Agency, the Public Health Service, and the Children's Bureau, but will also provide the means hitherto lacking for prompt and effective nation-wide coordination with voluntary agencies in these important fields. The members, officers and staff of the American Social Hygiene Association may take satisfaction in the Association's part in these developments, and in its opportunity to continue as one of the participating agencies. Together with its state and community affiliates, the Association can render a great and permanent service to the nation during the coming years.

**U. S. Public Health Service Issues Annual Report.**—"Health conditions remained generally favorable throughout the nation during 1939 and the infant mortality rate was the lowest on record," Surgeon General Thomas Parran of the United States Public Health Service stated in his annual report for the fiscal year 1940 recently released.

The U.S.P.H.S. gave active cooperation to the Army in protecting the health of troops during the spring and summer maneuvers, including efforts toward the active control of venereal disease infection.

Cooperative health activities with the states continued both in venereal disease control and general health services, as provided by the Social Security Act and the Venereal Disease Control Act. In reporting activities under the latter Act, the report says: "After two years of work under the Venereal Disease Control Act, the number of syphilis cases reported seems to have reached or passed the peak. In areas where syphilis has been attacked vigorously it has begun to recede. This indicates that the large reservoir of untreated cases has been substantially reduced."

Progress in the problem of case holding in syphilis treatment is indicated by the fact that the proportion of individuals who remain under treatment until they have received the minimum required therapy has increased from 15 per cent to 58 per cent. Existing diagnostic and treatment facilities have been expanded from 1,750 clinics and dispensaries for the treatment of venereal diseases as of July 1, 1938, to 2,900 as of July 1, 1940.

The report tells of advances made in the treatment of gonorrhea. "The introduction of the sulfonamide compounds has revolutionized the treatment of gonorrhea. The new therapy shortens the period of communicability of the disease. Recent studies conducted by the Public Health Service in cooperation with the American Neisserian Medical Association indicate that sulfathiazole is the most effective drug yet used in the treatment of gonorrhea. It is anticipated that real progress in the mass control of gonorrhea will be made during the coming year."

Stating that venereal disease has been and still is one of the principal causes of disability in military as well as in civilian populations, Dr. Parran recommends that the Public Health Service, cooperating with the medical corps of the Army and Navy and with state and local health departments, continue (1) to carry through the national syphilis control program energetically, (2) to place major emphasis on applying newly-developed methods for attacking gonorrhea to the control of gonorrhea en masse, and (3) above all, to make every effort to speed up the mass control of both diseases, particularly in military and industrial defense areas.

**Syphilis and Federal Assistance to the States.**—June 30, 1941 will mark the completion of the third year of Federal assistance to the States in the nation-wide campaign against syphilis and gonorrhea

under the provisions of the *Venereal Disease Control Act* of May 24, 1938.

The appropriations made by Congress have totaled fourteen million two hundred thousand dollars. The sums made available to the states have been apportioned, after annual conferences between the Surgeon General of the Public Health Service and the state and territorial health officers, on the population, financial need and prevalence. In addition, during the three years, the states and their cities and counties have appropriated collectively over 20 million dollars to help find and treat syphilis and gonorrhoea. The results of these wide-spread, well-organized activities are just beginning to be apparent in more and better laboratory and other diagnostic facilities, and their increased use; in improved medical practice and public clinic services; and—in reports of lower syphilis rates.

For the year beginning, July 1, 1941, the Federal budget, as presented by the President to Congress, includes an appropriation of \$6,250,000 for continued federal assistance. It is to be expected that all the state legislatures now in session will continue or increase their appropriations and stimulate their county, city and district governments to do likewise.

It is also highly important that an informed, actively interested public continue to back up legislators, public officials and professional groups who are working so earnestly to conquer the venereal diseases, especially in view of their increased importance as a hindrance to the national defense program.

**Congress Considers Legislation to Prohibit Prostitution Near Army and Navy Camps.**—This bill proposes to reestablish the authority

77TH CONGRESS  
1ST SESSION

**H. R. 2475**

**A BILL**

To prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy.

BY MR. MAY

JANUARY 20, 1941

Referred to the Committee on Military Affairs

and procedures applied with excellent results during the period of the World War. The experience of communities, states and the Federal government with current conditions has shown the neces-

sity for joint action and for the leadership of the Secretaries of War and Navy. Such legislation supplements rather than interferes with effective local action.

The attention and interest of all friends of social hygiene and members of the Association are directed toward this bill, which will have an important influence upon the effectiveness of the agreement between the War and Navy Departments, the Federal Security Agency, and State Health Departments in regard to maintenance of wholesome environmental conditions in the vicinity of camps, and in protecting the health of the armed forces.

*For further information, reading references and other suggestions, see the February SOCIAL HYGIENE NEWS, prepared for current information and practical aid to all interested in social hygiene legislation which many of the 44 state legislatures now in session are contemplating.*

**Probation Celebrates Centenary.**—The National Probation Association has announced the celebration this year of the hundredth anniversary of the probation movement. Chief Justice Charles Evans Hughes is honorary chairman of a national committee to commemorate the centennial, which honors the pioneer work of John Augustus, a Boston shoemaker, who in 1841 took the first probationer under his supervision. During eighteen years, working with two thousand probationers, John Augustus developed some of the principles of probation which are recognized today.

Serving on the committee with Chief Justice Hughes are nearly one hundred nationally prominent men and women, including Attorney General Robert H. Jackson, Warden Lewis E. Lawes, Governor Herbert H. Lehman, Dorothy Canfield Fisher, Associate Justice Felix Frankfurter, Charles P. Taft and Walter Lippmann.

Special stress will be given to observance of the centennial at the annual conference of the National Probation Association in Boston, May 29–31 at the Hotel Statler; at sessions of the National Conference of Social Work in Atlantic City the first week of June; and at the National Prison Congress in San Francisco in August.

Court and probation departments throughout the country are being invited to identify their communities with the national observance of the John Augustus Centennial. A series of program aids has been prepared for the use of interested groups. Requests and inquiries should be addressed to the National Probation Association, 1790 Broadway, New York City.

**Marriage and Family Conference at Chapel Hill.**—The Seventh Annual Conference on Conservation of Marriage and the Family will be held at the University of North Carolina, Chapel Hill, N. C., under the directorship of Professor Ernest R. Groves. The dates are April 8–10.

The program includes morning discussion courses on various phases of marriage and family life: *The Child and the Family* under Frederick H. Allen, M.D., director of the Philadelphia Child Guidance Clinic; *Counseling Youth*, under Roy E. Dickerson, president of the Kansas City Social Hygiene Society and a member of the A.S.H.A. staff; and education for marriage and family life at various age levels, under Worcester Warren, Superintendent of Bridgeport (Conn.) Schools, Lawrence E. Clark of Hunter College, and Reverend W. Clark Ellzey of the Marriage and Family Council.

Luncheon sessions will be devoted to conferences on family problems related to national defense, under the leadership of Mrs. Alice B. Lorenz of the University of Toledo, Mrs. Marion S. McDowell of Pennsylvania State College, and Mrs. Elwood Street of the National Council for Mothers and Babies. The Reverend L. Foster Wood will lead an afternoon series on *Religion and the Family*.

Evening sessions will be devoted to the topic of *Science and the Family*, with Frank Howard Richardson, M.D., of the Black Mountain Children's Clinic, Nadina R. Kavinoky, M.D., of the Los Angeles Institute of Family Relations, and Emil Novak, M.D., of Johns Hopkins University, as speakers. At the close of the final evening session, public tribute will be paid by Professor Groves in recognition of the contributions of Robert Latou Dickinson, M.D.

Membership in the conference is by invitation, and requests for information should be addressed to Ernest R. Groves, P. O. Box 428, University of North Carolina.

**National Negro Health Week.**—Observance of *National Negro Health Week* across the country will take place this year March 30 to April 6, according to an announcement received from Dr. Roscoe Brown, chairman of the National Negro Health Week Committee. An attractive picture of Negro Boy and Girl Scouts highlights the posters and leaflets which the U. S. Public Health Service is furnishing free in limited quantities to groups planning community programs. The special objective of this year's observance—**Personal Hygiene and First Aid Preparedness**—is outlined in a *School Leaflet*, which also gives rules for the Health Week Poster Contest for elementary and secondary schools. Application for entry in the contest must be filed by March 30, and entries must be received by June 15.

The *National Negro Health Week Bulletin*, available on request from the U.S.P.H.S., gives suggestions for community organizations and programs for the day-by-day plan, which includes: **Mobilization Day, Home Health Day, Community Sanitation Day, Special Campaign Day, Adults' Health Day, School Health and Safety Day, General Clean-up Day** (Booker T. Washington's Birthday), and **Report and Follow-up Day**. For information and materials, address National Negro Health Week Committee, U. S. Public Health Service, Washington, D. C.

## NEWS FROM THE 48 FRONTS

*Prepared by the American Social Hygiene Association's Community Service*

**Connecticut—Hartford Druggists Cooperate in V.D. Clinics.**—The Hartford Board of Health made an appeal to retail druggists of Hartford in December to cooperate with the Bureau of Venereal Diseases by referring people who inquire about facilities to the various clinics where medical care for gonorrhea and syphilis is available.

“At this time many young people are coming into this area to work in our factories,” reads the letter from Dr. Daniel E. Shea, Director of the Bureau of Venereal Disease. “Experience shows that this group is of an age that might contract syphilis or gonorrhea. Strangers in a city frequently consult the druggists for information concerning facilities for medical care and particularly care for gonorrhea and syphilis.”

With the letter went a directory and schedule of the various clinics and the hours at which treatment is given to men, women and children patients for the venereal diseases. This was printed on a gummed sticker, so that it could easily be pasted on the prescription counter and referred to readily.

The Hartford Board of Health has also furnished druggists with a small pamphlet rack containing literature on syphilis, gonorrhea and other health subjects, in connection with the cooperative program of the Board of Health and the Retail Druggists Association of Hartford. Dr. Shea reports that druggists in the vicinity of Hartford have been found to be very cooperative and willing to help in the public health program.

**District of Columbia—Survey Shows High Ethics among Druggists.**—The District of Columbia Social Hygiene Society submits new proof of the effectiveness of its efforts to secure cooperation from local pharmacists in regard to over-the-counter prescribing. As in previous years, the Social Hygiene Society arranged for a young man to visit drugstores in all sections of the city and ask advice for a supposed infection. In the great majority of the 112 drugstores visited, the pharmacists urged the youth to consult a physician as soon as possible. Some recommended certain doctors, all of whom were found to be in good standing.

An attempt was made at each store to buy sulfanilamide, which has proved useful in treating gonorrhea, but only two drug clerks were willing to sell it without prescription. Of all the stores visited, only five were willing to prescribe for gonorrhea and none for syphilis, showing an improvement over last year, when fifteen drugstores were found to indulge in counter-prescribing.

**Illinois—Family Life Institute at Alton.**—Twenty-five civic and social groups of the city of Alton recently sponsored, as a service to the community and without charge, a *Family Life Institute* under the leadership of Roy E. Dickerson, president of the Kansas City Social Hygiene Society and currently a member of the A.S.H.A. staff. The outline of the institute included a program for young people, with assemblies, conferences and classes at the various schools; a program for leaders of youth, school teachers and social workers; a program for parents which included separate meetings for parents with children in different age groups; and a program for special groups, such as young adults, a "Dad's Night," and members of the service clubs.

**New York—The Family Physician and Venereal Disease.**—What health departments can do to aid physicians in treating venereal diseases is illustrated by the program series in March under the Bureau of Social Hygiene of the New York City Department of Health, which in cooperation with the New York State Department of Health and the U. S. Public Health Service is holding a series of lectures on *The Role of the Family Physician in Venereal Disease Control*. The lectures, to be illustrated by lantern slides, are given on Saturday mornings, and include:

- March 1—*The Patient with Genital Lesions*, Gerald Machacek, M.D.
- March 8—*The Patient with Early Syphilis*, Louis Chargin, M.D.
- March 15—*The Patient with Visceral Syphilis*, Nathan Sobel, M.D.
- March 22—*The Male Patient with Gonorrhea*, Michael Wishengrad, M.D.
- March 29—*The Female Patient with Gonorrhea*, Adolph Jacoby, M.D.

**Texas—Houston Group Offers Services of Speakers Bureau.**—The Houston Social Hygiene Association is one community agency which has been able to develop an excellent panel of voluntary speakers who may be called upon by community groups to discuss various aspects of social hygiene. An attractive mimeographed announcement recently issued by Miss Mary Stewart, executive secretary of the Houston Social Hygiene Association, lists fifty-three speakers, including physicians, lawyers, teachers, social and church workers. The topics grouped by subjects include: **Medical Subjects**—*The Taxpayer's Stake in the Prevention and Control of Syphilis and Gonorrhea, Fever Treatment in Control of Syphilis, The March of Science in Syphilis Control, Health Facts for Older Boys, Syphilis in the Unborn*; **Legal and Protective Subjects**—*Law-Enforcement and the Defense Program, Holding the Line for Youth in National Defense, Can We Crush Commercialized Vice?*; **Basic Social Hygiene Subjects**—*The Business of Being a Parent, Growing Up with Our Children, Training Youth for Social Responsibility, Marriage and Money or Dollars and Sense, The Family and the Present Social Scene*.

The Houston Association also calls attention in this folder to its facilities for loaning slide and moving picture films, books, pamphlets and periodicals, and for arranging displays and exhibits upon request.



## FORUM

Many letters have been received in the national office asking whether, as stated in recent articles in *Time* and captions in *Life*, the Army approves segregation of prostitutes and maintenance of red light districts in the vicinity of camps. JOURNAL readers will be interested to see the letter sent to newspapers following the appearance of these statements by Dr. Walter Clarke, Executive Director of the American Social Hygiene Association; and the interchange of telegrams between General George C. Marshall, Chief of Staff of the U. S. Army, and Mr. Philip R. Mather, Chairman of the Association's Committee on National Defense Activities.

### *Dr. Clarke's letter:*

We find that people are discussing several points in current articles concerning army morale appearing in two national magazines—*Time* and *Life*.

*Life* says in this article—“... On leave soldiers' contacts were less exemplary. Some were inclined to patronize burlesque houses and dance halls. If they wanted to visit red-light districts, the Army gives its tacit acceptance provided they patronize Army-inspected houses, stop at a prophylactic station on the way home.” (December 23, page 57).

*Time* says—“... Army (and Navy) doctors generally prefer controlled segregation, covertly discourage the more extreme efforts of such agencies as the American Social Hygiene Association to abolish prostitution by legal action.” (December 16, page 27.)

These important problems are confronting the armed forces of America and all of the communities throughout the United States which are faced with these issues. The enclosed agreement of the Army, the Navy and the United States Public Health Service and State Health Departments gives the official position of the government.

We enclose leaflets which will give you pertinent facts to show the fallacy of any attempts to segregate prostitution, or make prostitutes safe by medical inspection. They also show that there is no basis for the theory that when a policy of repression is enforced prostitutes scatter to residential areas spreading venereal diseases and endangering the families of residents.

Sincerely yours,

WALTER CLARKE, M.D.  
*Executive Director*

### *The Telegrams:*

Boston, December 23, 1940

General George C. Marshall  
Chief of Staff, U. S. Army  
Washington, D. C.

As Chairman American Social Hygiene Association special committee which called on you last month would like to inquire if statement on page 57 current issue LIFE magazine regarding army policy reference red light districts is correct. Would appreciate reply my expense sixteen Arlington Street, Boston.

PHILIP R. MATHER

Washington, December 24, 1940

Mr. Philip R. Mather  
Boston, Massachusetts

There is no foundation for statement that red light districts are to be tacitly accepted by the Army (stop) The War Department is making every possible

effort to offset such contamination by providing clean and wholesome recreation for the soldiers both within and without Army camps.

MARSHALL

Boston, December 27, 1940

General George C. Marshall  
Chief of Staff, U. S. Army  
Washington, D. C.

Thank you for prompt and forthright reply my recent telegram. You may depend on fullest cooperation from American Social Hygiene Association in efforts to make sure public is correctly informed regarding War Department's actual position on red light districts.

PHILIP R. MATHER

## YOUTH NOTES

*Prepared by the American Social Hygiene Association's Youth Service*

One hundred thousand young people between the ages of sixteen and twenty-five years will be the subjects of a nation-wide health survey by the **National Youth Administration**. The survey will include a physical examination of every youth assigned to the NYA out-of-school work program. Director Aubrey Williams terms this part of the NYA \$2,500,000 health program "a major contribution which the National Youth Administration may make in the present emergency." Treatment of discovered defects will be provided through local medical resources and supplementary NYA clinics. Increased emphasis is to be placed on NYA activities having a direct bearing on young workers' health.

In this connection it is interesting to note NYA items recently received from various sections of the country. . . . The Texas State Board of Vocational Education reports that the Board of Education is furnishing 22 health instructors for the areas under the NYA in Texas to work with young people of sixteen to twenty-five years who are not in school. . . .

The State Administrator of NYA for New York describes participation of young people under NYA in National Social Hygiene Day programs, from which a series of discussion meetings has developed in many places. The results of the detailed plans and program suggestions sent by the state office to its field staff are now being collected. (See January JOURNAL, p. 40-41.)

From California comes news that an extensive health program in the NYA in that state is now under way. . . . The NYA State Health Supervisor of North Carolina writes that social hy-

giene material is included in personal hygiene talks and conferences at their centers.

The Akron Ohio Y.W.C.A. included in their Social Hygiene Day activities lectures and showing of *With These Weapons*, followed by discussions under the leadership of local physicians. These meetings reached foreign born and second generation Americans, Negro groups, and approximately a thousand high school, business and industrial girls.

The National Student Health Association is to hold its annual meeting April 11 and 12 in New Orleans and Scotlandville, La., where fifty representative health workers from Negro colleges will confer on problems of common interest. Dr. Ruth E. Boynton, President of the American Student Health Association, as one of the chief speakers, will address the conference on *Educational Opportunities and Responsibilities of the College Health Service*. Dr. Thomas A. Storey, of the A.S.H.A. staff, will speak on *Community and College Health Service Program in the National Defense*. Other speakers will be Dr. J. A. Turner of Howard University, Mack M. Greene of Wilberforce University, Dr. F. F. Brown of the Louisiana State Health Department, Miss Louise Algee of the National Tuberculosis Association, and Mrs. William Haller, A.S.H.A. field secretary for the Southern States Division. Headquarters of the conference will be the Flint-Goodridge Hospital in New Orleans on April 11 and Southern University at Scotlandville on April 12. For further information, address Dr. Paul B. Cornely, Howard University, Washington, D. C.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

### **Backing Up the Boys**

It is good to see the American Social Hygiene Association joining in the army's crusade to protect its men from the harpies of vice and gambling who swarm about every camp hoping to separate the men from their pay and leave them with empty pockets, a headache, and perhaps a lifetime of regret and suffering.

The problem of the soldier on leave, let it be repeated, is a serious one. Despite every possible precaution, the incidence of social disease tends to rise whenever adequate facilities for off-reservation entertainment are lacking. Men in barracks are no more plaster saints than they were in Kipling's day. Released from heavy army duties, they will have fun, and if opportunities for decent wholesome fun are lacking, they will seek whatever kind is available.

The best defense here, as anywhere, is a good offense. The positive rather than the negative is the first point of attack. So the A.S.H.A., in its fight against venereal disease, touches the key point in urging, with army authorities, proper recreational facilities in towns near camps. An ounce of prevention is still worth a pound of cure.

Distributed by the *NEA Service* to hundreds of newspapers throughout the country, this editorial by Willis Thornton keyed the defense message of **Fifth National Social Hygiene Day**, and is an example of the way in which press, platform, radio and screen helped to bring America face to face with the challenge to protect soldiers, sailors and defense workers from syphilis and gonorrhea.

Another syndicated item, widely used, quoted from Dr. Ray Lyman Wilbur's Social Hygiene Day editorial: "The Army and Navy want their men healthy and sound, and will do what they can to keep them so. We know enough now to control these diseases (syphilis and

gonorrhea), but do we have the applied common sense to do so?"

Looking at the 1940 record we find that over 20,000 news stories and editorials in the newspapers of the United States were devoted to venereal disease control. The news of the past two months has been shadowed with the events in Europe and America's own defense plans. Judging by the volume of clippings received, the problems of syphilis and gonorrhea have not been overshadowed. The *Associated Press*, the *United Press*, *International News Service* and other wire services are giving space to army and navy health problems. Newspapers are looking at their communities with an eye to the recreational needs of young men who

come into town on leave, and to the protection of young women who are away from home.

*Newsweek* (Feb. 17, 1941), summing up the meetings on **Social Hygiene Day**, tells its readers: "One of the most interesting reports on the distribution of syphilis was presented at the St. Louis sessions by Assistant Surgeon General R. A. Vonderlehr of the United States Public Health Service, who announced results of 120,751 blood tests on Selective Service candidates in 23 states. More than 5,000 persons were rejected because of infection, and rates ranged from seven cases per 1,000 men examined in North Dakota, Minnesota, Wisconsin, Rhode Island, Nebraska, and Utah to 114 per 1,000 in Georgia, Louisiana, Mississippi and Florida."

**Are the Boys Safer In The Army?** is the title of an article in the March issue of *Click* magazine which deals constructively with the social problems so many communities are facing.

In Toledo, Ohio, the *Blade* reports **Prevention As Defense**: "One good cause that should not be overlooked is the campaign of the American Social Hygiene Association to help on the national defense by fighting against the menace of venereal diseases which is expected to spring up near the military training areas. Prostitution always gravitates to camps and bases. Disease prevention must be made the first act of defense. A national plea is being made to finance a larger staff for the augmented work. Toledoans have a chance to aid in this work. Edward C. Ames is serving as Toledo representative for this important undertaking and is receiving contributions."

In the medical and pharmaceutical publications, news of **Social Hygiene Day** has reached the two great professions which must carry on a major part of the fight against venereal diseases. The **Joint Committee of the American Pharmaceutical Association and American Social Hygiene Association** did its part in promoting **Social Hygiene Day** meetings, and pharmacists set up special displays and distributed literature.

A large number of Governors' and Mayors' proclamations, as well as statements by leading health authorities, helped to spread information about venereal disease defense during January and February.

We are looking for release in March of the Association's new motion picture **In Defense of the Nation**. The opening scenes depict America mobilizing man power and machine power for purposes of defense and national security. The history of venereal diseases during periods of national emergency is pictured; also the way in which every community can fight prostitution, quacks and self-treatment. What the community can do to provide decency and order, friendliness, sports, recreation, good food and rest, health and medical care, is illustrated for towns near army camps and naval bases.

We still have a number of the popular five- and fifteen-minute talks on venereal disease defense in stock and also the *Kit of Social Hygiene Day Materials*, including a useful pressbook of news stories, a page of spot announcements, and the *Herald of Social Hygiene*. Why not send for your copies of these materials?

## BOOK REVIEWS

**MODERN DERMATOLOGY AND SYPHILOLOGY.** By S. William Becker, M.D., and Maximillian E. Obermayer, M.D. Philadelphia, J. B. Lippincott Company, 1940. 871 p. \$12.00.

The part of this book which especially concerns the reviewer is the excellent section on syphilis. About one-quarter of the nearly 900 pages is devoted to modern syphilology. Few presentations of this subject have been as generally satisfactory as that of the present work by Doctors Becker and Obermayer. It is sufficiently complete to be of interest to the specialist in dermatology or syphilology and yet sufficiently simple to be studied with profit by the general practitioner and the medical student.

A valuable feature of the book as a whole is that each chapter begins with a few paragraphs entitled "Orientation," in which the

authors place the subject to be dealt with in its proper relation with the preceding and following text. This serves to highlight the phases of the subject requiring emphasis and also keeps it in proportion to surrounding pertinent material.

Another excellent feature of the text is the chapters given over to public health and social implications of syphilis. The authors throughout the discussion do not lose sight of the important fact that syphilis is a communicable disease.

The book is beautifully illustrated, well printed and taken as a whole, one of the most interesting and attractive of volumes dealing with dermatology and syphilology.

WALTER CLARKE, M.D.

## SELECTED REFERENCES ON SOCIAL HYGIENE IN SCHOOLS

### BOOKS

- BIGELOW, M. A. *Adolescence; Educational and Hygienic Problems*. National Health Series. Funk and Wagnalls, 1924. Revised 1937. 99 p. 35c.  
 ——— *Sex Education*. Revised and enlarged edition, 1936. A.S.H.A. 307 p. \$1.00 postpaid.
- BROOKS, FOWLER D. *The Psychology of Adolescence*. Houghton Mifflin, 1929. 632 p. \$3.00.
- BUTTERFIELD, OLIVER M. *Love Problems of Adolescence*. Emerson Books, Inc. New York, 1939. 212 p. \$2.25.
- CADY, VERNON M. and BERTHA C. *The Way Life Begins*. Revised 1939. A.S.H.A. 80 p., 19 illustrations, including nine colored plates. Paper, 50c postpaid. Cloth, \$1.50 postpaid.
- CASSIDY, MICHAEL A., AND PRATT, HELEN G. *Your Experiment in Living*. New York, Reynal & Hitchcock, 1939. 153 p. \$2.00.
- CORNER, GEORGE W. *Attaining Manhood*. Harper & Bros. New York, 1939. 95 p. \$1.25.  
 ——— *Attaining Womanhood*. Harper & Bros. New York, 1939. 95 p. \$1.25.
- DENNIS, LEMO T. *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10.
- DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00.  
 ——— *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. (Paper ed. \$1.25.)
- GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00.
- GROVES, SKINNER AND SWENSON. *The Family and Its Relationships*. Chicago, Lippincott. Revised edition 1941. 470 p. \$1.80.
- GRUENBERG, B. C. *Parents and Sex Education*. Viking Press, revised, 1932. 112 p. \$1.00.  
 ——— *High Schools and Sex Education*. 1939, new edition. Supt. of Documents, Washington, D. C. 110 p. 20c.
- KELIHER, ALICE V. *Life and Growth*. Appleton-Century. 1938. 245 p. \$1.20.
- PARKER, VALERIA HOPKINS. *For Daughters and Mothers*. Bobbs-Merrill Company. New York, 1940. 138 p. \$1.50.
- SMILEY AND GOULD. *A College Text Book of Hygiene*. New York, Macmillan, 1940. 539 p. \$2.50.
- STIMSON, A. M. *The Communicable Diseases*. U. S. Government Printing Office. Washington, D. C., 1939. 111 p. 25¢.
- STRAIN, FRANCES BRUCE. *Being Born*. New York, Appleton-Century, 1936. 144 p. \$1.50.

- *New Patterns in Sex Teaching.* Appleton-Century, 1934. 241 p. \$2.00.
- THOM, DOUGLAS A. *Normal Youth and Its Everyday Problems.* Appleton-Century, 1932. 368 p. \$2.50.
- *Guiding the Adolescent.* U. S. Children's Bureau. D. A. Thom, 94 p. 1933. Supt. of Documents, Washington, D. C. 10c.
- VAN BUSKIRK, EDGAR F. *Principles of Healthful Living.* New York, The Dial Press, 1938. 366 p. \$3.00.
- WELSHIMER, HELEN. *The Questions Girls Ask.* E. P. Dutton & Company. New York, 1940. 128 p. \$1.50.

## PAMPHLETS

*Unless otherwise indicated, the pamphlets mentioned below are published by the American Social Hygiene Association, and single copies are free to Association members. (Annual dues \$2.00.)* \*No free copies.

## Pub. No.

- 626 From Boy to Man.
- 778 A Formula for Sex Education. An outline of what should be taught and when. 5 cents
- 831 Health for Girls.
- 844 Sex Education in the Home, by Helen W. Brown.
- 959 Case of Youth vs. Society, by W. D. Towner. Report of a mock trial; society found guilty of neglecting in schools the larger sex education and preparation for family life. 10 cents
- 971 Sex Instruction in Public Schools, by W. W. Beatty, Benjamin C. Gruenberg and Herbert W. Smith. 10 cents
- A-10 Social Life for High School Girls and Boys, by Paul Popenoe. 10 cents
- A-82 Established Points in Social Hygiene Education, by M. A. Bigelow. Facts and principles of approved sex education. 10 cents
- A-157 Sex Education in America Today, by M. A. Bigelow. 10 cents
- A-159 Integration of Sex Character Education with the Teaching of Biology, by Margaret Stewart Funk. 10 cents
- A-163 Sex Education for Parent Groups, Outline of Four Lectures for Popular Presentation, Valeria H. Parker.
- A-171 Sex Education in Home and School, Thomas W. Galloway. 10 cents
- A-177 Social Hygiene and the Child, by Valeria H. Parker.
- A-199 Sex Education in the Public Schools of the District of Columbia, by Mary Helen Stohlman. 10 cents
- A-211 The School's Responsibility to the Home and the Child in Sex Education, by W. Linwood Chase. 10 cents
- A-288 The Position of Sex Education in the General Educational System, by Harriet S. Cory. 10 cents
- A-290 The School's Responsibility in Social Hygiene Education. Preliminary Report of a New York Statewide Study Committee. 10 cents
- A-291 Building a Program of Sex Education for the Secondary School, by Lester A. Kirkendall. 10 cents
- A-292 Health Education Concerning Venereal Diseases, by M. A. Bigelow. Single copies free. \$1.00 per 100
- A-295 Social Hygiene Education in High School Biology. Single copies free. \$1.00 per 100
- A-296 Teaching Family Life Through Arithmetic. 5 cents
- A-297 Next Steps in Sex Education. Single copies free. \$1.00 per 100
- A-325 Parent-Teacher Associations and Social Hygiene, by Aimee Zillmer. Single copies free. \$1.00 per 100
- A-327 Health for Man and Boy } Special Series
- A-328 Women and Their Health } William F. Snow
- A-329 Marriage and Parenthood }
- \* Petting, Wise or Otherwise, by Edwin Leavitt Clarke, Association Press. 25 cents
- \* Sex Education: W. W. Charters, D. R. Smiley and Ruth M. Strang. A Manual for Teachers. Macmillan, 1935. 26 p. 20 cents
- \* Sex Education, by Wood, Rice and Lerrigo, 1937. 25 cents
- Suggested Guide for Developing Venereal Disease Unit in the High School, published by State Dept. of Education and State Dept. of Health, Nashville, Tenn.

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

## BOOKS

- DEALING WITH DELINQUENCY. Yearbook of the National Probation Association. 1940. 350 p. \$1.25 (paper). \$1.75 (cloth).
- GROWTH AND DECLINE OF AGRICULTURAL VILLAGES. David R. Jenkins. Bureau of Publications, Teachers College, 1940. 95 p. \$1.60.
- HOW CHARACTER DEVELOPS. Fritz Kunkel and Roy E. Dickerson. Charles Scribner's Sons, 1940. 274 p. \$2.50.
- MARRIAGE. William Lyon Phelps. E. P. Dutton & Company, 1940. 56 p. \$1.00.
- PROCEEDINGS OF THE WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY, Washington, D. C., January 18-20, 1940. United States Department of Labor, Children's Bureau Publication No. 266. 85 p. 25¢.
- PUBLIC HEALTH ADMINISTRATION IN THE UNITED STATES. Second Edition. Wilson G. Smillie, M.D. The Macmillan Company, 1940. 553 p. \$3.75.
- SOUTHERN INDUSTRY AND REGIONAL DEVELOPMENT. Harriet L. Herring. University of North Carolina Press, 1940. 103 p. \$1.00.
- WHAT PRICE ALCOHOL? Robert S. Carroll. The Macmillan Company, 1941. 362 p. \$3.00.

## PAMPHLETS

- AMERICAN YOUTH COMMISSION OF THE AMERICAN COUNCIL ON EDUCATION, Washington, D. C. *The Civilian Conservation Corps*, 22 p.; *Next Steps in National Policy for Youth*, 18 p.; *America's Youth Problem; Youth Studies in Progress*.
- BIBLIOGRAPHY—BOOKS AND PAMPHLETS OF INTEREST TO TEACHERS AND SPECIALISTS IN THE FIELD OF MARRIAGE AND THE FAMILY. Prepared by Ernest R. Groves. Reprinted from *Social Forces*, Vol. XIX, No. 2, December, 1940.
- BULLETIN OF FAMILY RESEARCH AND EDUCATION. November-December, 1940, Nos. 5-6. The National Council of Parent Education, Inc. Vassar College, Poughkeepsie, New York. 48 p.
- CITIZENSHIP IN ACTION. Bulletin 16. January, 1941. New York State Council of School Superintendents' Committee on Adult Civic Education. Schenectady, New York. 12 p.
- A DIRECTORY—FACILITIES FOR THE HARD OF HEARING AND THE DEAF IN THE STATE OF NEW YORK. Compiled by Temporary State Commission to Study Facilities for Hard of Hearing and Deaf Children and Adults. 75 p.
- DIRECTORY OF STATE, COUNTY, AND MUNICIPAL TRAINING SCHOOLS CARING FOR DELINQUENT CHILDREN IN THE UNITED STATES. U. S. Department of Labor. Children's Bureau Publication No. 264. 25 p. 10¢.
- FAMILY LIFE, PARENTHOOD AND YOUNG PEOPLE'S RELATIONSHIPS. A Selected Book List. The Federal Council of Churches, 1941. New York. 31 p. 15¢.
- LOOK UP! LIFT UP! Twenty-Fifth Annual Report, 1940, of the Council for Social Service. The Church of England in Canada. 39 p.
- REPORT OF THE DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH OF THE CITY OF ST. PAUL. For the Three-Year Period Ending December 31, 1939. 156 p.
- REPORT OF THE SOCIAL HYGIENE DIVISION OF THE DETROIT DEPARTMENT OF HEALTH, December, 1940. *Education of Patients at the Social Hygiene Clinic*.
- THE COMMISSION ON TEACHER EDUCATION. A Brief Statement of Its Origin and Scope. Commission on Teacher Education, American Council on Education, Washington, D. C. December, 1940. 18 p.
- THE NATIONAL COUNCIL FOR THE UNMARRIED MOTHER AND HER CHILD. Twenty-first Annual Report, 1939. Carnegie House, 117 Piccadilly, London, W. 1. 23 p.
- THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS. Annual Report 1940. New York, 54 p.
- TO DO OR NOT TO DO—THAT IS THE QUESTION. A Social Blue Book of Campus Etiquette. The University of Maryland, 1940. 32 p.

- TWENTY-ONE YEARS. 1918-1939. Lettice Fisher. National Council for the Unmarried Mother and Her Child. June, 1939. 18 p.
- WORK CAMPS FOR HIGH SCHOOL YOUTH. American Youth Commission of the American Council on Education, Washington, D. C. 27 p. 25¢.

### IN THE PERIODICALS

- AMERICAN JOURNAL OF DISEASES OF CHILDREN. Chicago. November 1940. *Sexual Curiosity of Children.* By J. H. Conn, M.D. p. 1110-19.
- AMERICAN JOURNAL OF SYPHILIS. St. Louis. November 1940. *An Outline of the History of Syphilis.* By J. E. Kemp, M.D. p. 759-79.
- Present-Day Treatment of Gonorrhoea with Fever Therapy.* By A. I. Mann, M.D. p. 743-44.
- How Do the Officially Recognized Serologic Tests for Syphilis Rank in Specificity and Sensitivity?* By Nathan Nagle. p. 750-54.
- Long-Term Results in the Treatment of Early Syphilis.* By Paul Padgett, M.D. p. 692-731.
- An Interpretation of Bruusgaard's Paper on the Fate of Untreated Syphilitics.* By W. T. Sowder, M.D. p. 684-91.
- Antisyphilitic Treatment Administered by a Layman to Himself.* By J. L. Callaway, M.D. p. 745.
- January 1941. *On the Specificity of Serologic Tests for Syphilis as Determined by 40,545 Tests in a College-Student Population.* By Harry Eagle, M.D. p. 7-15.
- BULLETIN, KENTUCKY DEPARTMENT OF HEALTH. Louisville. *The Premarital Law and the Practicing Physician.* By F. W. Caudill, M.D. p. 258-60.
- CANADIAN WELFARE. Ottawa. January 1941. *Social Disease in the Family.* By D. H. Williams, M.D. and J. W. Macrae. p. 17-19.
- CONNECTICUT HEALTH BULLETIN. January 1941. *The Control of Gonococcal Infections.* By Henry P. Talbot. p. 5-7.
- FLORIDA HEALTH NOTES. State Board of Health, Jacksonville. February 1941. *Great Increase in Number of Persons under Treatment for Syphilis Is Reported.* By L. C. Gonzalez, M.D. p. 20-24.
- Pre-Natal Bill to Prevent Congenital Syphilis Is Okayed by Physicians, Health Board, State Board of Health.* p. 29-30.
- Quality of Service Stressed by Hillsborough County Unit in Venereal Disease Control.* By J. S. Spoto, M.D. p. 24.
- HARPER'S MAGAZINE. New York. February 1941. *Does America Need More Children?* By Genevieve Parkhurst. p. 209.
- HEALTH AND EMPIRE. London. December 1940. *Our Work in War-Time.* By Sir W. L. Langdon-Brown. p. 55-62.
- ILLINOIS HEALTH MESSENGER. State Department of Public Health, Springfield. February 1, 1941. *Marriages Up and Down. Comparison of figures 1936, 1939 and 1940, with relation to marriage law.* p. 9.
- ILLINOIS MEDICAL JOURNAL. Oak Park. January 1941. *The Continuous Alternating Scheme of Treatment in the Control of Acquired Syphilis.* By R. A. Vonderlehr, M.D. p. 80-83.
- JOURNAL OF THE AMERICAN DENTAL ASSOCIATION. Chicago. February 1941. *The Responsibility of the Dentist in Diagnosing Syphilis.*
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Chicago. Jan. 11, 1941. *The Statistics on Syphilis.* p. 145.
- JOURNAL OF HOME ECONOMICS. Washington, D. C. December 1940. *Home Economists in a Community Health Education Program.* By L. S. Morgan and B. H. Kneeland. p. 657-64.
- MEDICAL BULLETIN OF THE VETERANS' ADMINISTRATION. Washington, D. C. January 1941. *Relative Sensitivity of Complement Fixation and Flocculation Tests in the Sero-Diagnosis of Syphilis.* By T. R. Reusser. p. 233-36.
- MENTAL HYGIENE. January 1941. *Premarital Counseling in the Philadelphia Marriage Counsel.* By E. H. Mudd, C. H. Freeman, and E. K. Rose. p. 98-119.
- MONTHLY BULLETIN OF INDIANA STATE BOARD OF HEALTH. Indianapolis. January 1941. *Social Hygiene and National Defense.* By George W. Bowman. p. 7.



- PUBLIC HEALTH NEWS. New Jersey State Department of Health, Trenton. February 1941. *The Examination of Draftees*. By Daniel Bergsma. p. 214-15.
- PUBLIC HEALTH NURSING. New York. February 1941. *Concerning Sex Education*. By Sidonie Matsner Gruenberg. p. 92.  
*Syphilis Is a Family Health Problem*. By Alice M. Kresge, R.N. and Alice Malcolm, R.N. p. 85.
- PUERTO RICO HEALTH BULLETIN. January 1941. *News from the Anti-Venereal Clinics*. By Ernesto Quintero, M.D. p. 3-5.
- PUERTO RICO JOURNAL OF PUBLIC HEALTH AND TROPICAL MEDICINE. New York City. December 1940. *The Incidence of Syphilis in Puerto Rico; Survey Based on the Results of Complement Fixation and Flocculation Tests in Unselected and Selected Groups of the General Population*. By O. G. Costa-Mandry, M.D. p. 203-36.
- SOUTHERN MEDICAL JOURNAL. January 1941. *The Naval Medical Officer's Public Health Activity with Special Reference to National Defense*. By C. S. Stephenson, M.D. p. 90-98.
- STATE GOVERNMENT. Chicago. December 1940. *Defense on the Venereal Disease Front*. By Thomas Parran. p. 239. (Reprinted A.S.H.A. Pub. No. A-323, 50¢ per dozen, \$2.50 per 100, \$15.00 per 1,000.)
- UROLOGIC AND CUTANEOUS REVIEW. St. Louis. January 1941. *The Psychiatrist and Neurosyphilis*. By J. L. Haskins, M.D. p. 61-64.  
*Psychoses Other Than Parietic Dementia in Syphilitic Individuals*. By Alfred Gordon, M.D. p. 50-56.  
*The Spectre of Neurosyphilis*. By B. W. Adams, M.D. p. 56-60.
- February 1941. *Syphilis as a Factor in Behavior Disorders of Children*. By L. A. Lurie, J. V. Greenebaum, and E. B. Brandes. p. 108-11.
- VENEREAL DISEASE INFORMATION. U. S. Public Health Service, Washington, D. C. December 1940. *Social Hygiene*. By N. A. Nelson, M.D.
- WEEKLY BULLETIN OF THE CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH. Sacramento. December 7, 1940. *State Board Cooperates in Venereal Disease Control*. p. 182-3.  
January 11, 1941. *Venereal Disease Control Problems Associated with the Military Training Program*. By M. H. Merrill, M.D. p. 20-23.

WAR MEDICINE is the name of a new bi-monthly magazine published by the American Medical Association. The Committee on Information of the Division of Medical Sciences of the National Research Council acts as the editorial staff for the new periodical, which will be devoted wholly to medical preparedness and war medicine.

DEFENSE, issued weekly by the National Defense Advisory Committee, is another periodical to watch for items of interest to social hygiene.

Periodicals which regularly have articles of interest to social hygiene leaders are:

AMERICAN JOURNAL OF SYPHILIS  
AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASE  
HEALTH AND EMPIRE (GREAT BRITAIN)  
VENEREAL DISEASE INFORMATION

## ANNOUNCEMENTS

**Last Month.**—The *Social Hygiene Day* number was extremely popular. There are still some copies available, and the special *Social Hygiene Day* price of 15¢ each, two for 25¢ postpaid, will be continued while they last. . . . The reprints have gone through several editions and requests should be received well in advance to insure your getting the next edition. These reprints are: *A Church Program for Defense Areas* (Pub. No. A-319), by Dr. L. Foster Wood (10¢); and *American Communities Face a New Challenge* (Pub. No. A-316), by Dr. Thomas A. Storey (10¢).

**This Month.**—Reprints will be made of Professor Bigelow's report (Pub. No. A-330), which should become standard for high school reference and health education work (25 cents each). The bibliography will be included and will also be reprinted separately (Pub. No. A-331). *Single copies free.*

**Next Month.**—The *1941 Anniversary Number* will include the ceremony of the presentation of the William Freeman Snow Medal to Mrs. Rolfe by Dr. Keyes at Philadelphia; a number of the fine papers given at the regional conferences, e.g., the talks by Acting Surgeon General Warren F. Draper and Lieutenant-Colonel Arthur P. Hitchens at Philadelphia; a report on *Fifth National Social Hygiene Day; Notes on 1940*; committee reports for the year, and other valuable information.

**In April.**—The April *JOURNAL* will be *Number III* in the series on *Social Hygiene and National Defense*, dealing this time especially with *Veneral Disease and Defense Industrial Workers*, a most important element in the whole structure of defense plans.

**Social Hygiene Day Lasts Throughout the Year.**—For many communities, celebration of the first Wednesday in February as *Social Hygiene Day* is only the starting point for a year's program. *Social Hygiene Day Program and Publicity Aids* are prepared with this in mind, and these kits are still available. In particular you will find continuously useful the five and fifteen-minute radio talks, entitled respectively *Total War Against Syphilis* and *Syphilis—the Deficit in Our Health Defense Budget*; and the press book. *These are available separately on request and without charge.* The *Herald of Social Hygiene* is good, too, for year-round use. This year's *Herald* may still be secured in quantity lots without charge. Many groups

are using it for *Negro Health Week*, March 30 to April 6.

**New Publications.**—Have you seen the new editions of *The Case Against Prostitution* (Pub. No. A-303, \$2.50 per 100, \$15.00 per 1,000) and *Why Let It Burn?* (Pub. No. A-304, 80¢ a dozen, \$5.00 per 100). These are especially valuable to community groups endeavoring to secure wholesome community conditions in the vicinity of camps. *Sample copies free.*

**In Preparation:** A new edition of Dr. William Freeman Snow's *Special Series* of family pamphlets is on the ways. The titles are: *I—Health for Man and Boy* (Pub. No. A-327), *II—Women and Their Health* (Pub. No. A-328), and *III—Marriage and Parenthood* (Pub. No. A-329). Nearly a million copies of these popular pamphlets have been distributed since they were first published in 1933. The new edition will be streamlined, with attractive new colored and illustrated covers and revised text. *Your order in advance of printing will enable you to take advantage of an especially low price of \$60.00 per thousand sets of the three titles.*

**Helps for Groups Sponsoring Social Hygiene Legislation.**—The February *SOCIAL HYGIENE NEWS*, specially prepared for this purpose, is free on request in reasonable quantities.

### "In Defense of the Nation"

The Association's new one-reel film, released under the auspices of the *Committee on National Defense Activities*, is now ready. Produced by the Jam Handy Organization under the direction of Dr. Walter Clarke, assisted by Joseph L. Stenek of the A.S.H.A. staff and a special advisory committee, the film deals with the community's responsibility for protecting soldiers, sailors and defense workers from syphilis and gonorrhea, especially through the provision of recreational opportunities for men off duty and the cleaning up of vice conditions around the camps; and provides a real aid to community groups. Especially cast and photographed, with narration by Ben Grauer of the National Broadcasting Company, the film runs eleven minutes, and is available in 16 mm. (\$50.00) and 35 mm. (\$75.00) gauge. *Review prints can be had on request without charge.* Address the Association's Publications Service, 1790 Broadway, New York.

# Journal of Social Hygiene

Twenty-Eighth Anniversary Number



## CONTENTS

Protecting Industry from Venereal Disease.....	Warren F. Draper, M.D.....	98
How the Army Protects Soldiers from Syphilis and Gonorrhoea.....	Arthur Parker Hitchens, M.D.....	103
The Sexual Aspects of Military Personnel.....	Joel T. Boone, M.D.....	113
The Snow Medal Is Awarded to Mrs. Neville-Rolfe.....		125
Dr. Yarros and Dr. Cumming Receive Honorary Life Memberships.....		132
The Five Regional Conferences.....		136
Social Hygiene Day Greetings.....		147
The Annual Business Meeting in New York.....		150
Program and Budget for 1941.....		153
Committee Reports.....		155
Notes on 1940.....		163
Publications Received.....		166
Announcements.....		168

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM  
EDWARD L. KEYES

WILLIAM F. SNOW  
JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*  
WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.

SOUTHERN STATES DIVISION: 282 Audubon Street, New Orleans, La.  
MRS. WILLIAM HALLER, JR., *Field Secretary*

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.  
W. F. HIGBY, *Field Consultant*

MISS ELEANOR N. SHENEHON, *Field Director*, 122 E. 7th St., Los Angeles, Cal.

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311  
MRS. GERTRUDE R. LUCE, *Field Secretary*

WILLIAM FREEMAN SNOW AWARD  
FOR DISTINGUISHED SERVICE TO HUMANITY



*Presented to*  
SYBIL NEVILLE-ROLFE  
1941

SYBIL KATHERINE NEVILLE-ROLFE, O.B.E., d. of the late Admiral of the Fleet, Sir Cecil Burney, 1st Bart.; w. Lt. A. C. Gotto, R.N.; m. in 1917 to Commander Cecil Neville-Rolfe, D.S.O.; Hon. Sec'y Nat'l Council for Combatting Venereal Diseases, 1915-25, and Sec'y-Gen'l of British Social Hygiene Council, 1925—.

SOME such notice one fails to find in *Who's Who*, though Cecil Neville-Rolfe appears. Perhaps this war will impress on the British public the fact that women are people, who knows? At any rate, Sybil Neville-Rolfe is a modest person. One looks in vain for so much as a letter from "S.K.N.-R." in the *British Medical Journal*, even during those trying days when she, with Dr. Douglas White to back her, began her long struggle for honesty and intelligence in our attitude toward the psychology and biology of sex.

Perhaps the most incessant, the most practical Honorable Secretary known to history, she served for twelve years the Eugenics Education Society, under Sir Francis Galton and, later, under Major Leonard Darwin. Then came the International Eugenics Congress from which resulted the appointment of the Royal Commission (reported in 1916), the National Council for Combatting Venereal Diseases, the Professional Classes' War Relief Council, the various Imperial Social Hygiene Congresses, the Commission to Investigate Social Hygiene Conditions in the Eastern Crown Colonies and, with the subsidence of the struggle over prophylaxis and early treatment through the report of Lord Trevethin's Committee in 1923, truce between the National Council and the Society for the Prevention of Venereal Diseases, followed by the creation of the British Social Hygiene Council and of its Journal, *Health and Empire*, of which she is the editor. Here appear over her name hard-headed statistical reports commenting on the steps toward suppression of prostitution, prevention of genito-infectious disease, substitution of wholesome diversion in place of debauchery.

Her laughter, her vivacious charm, her oratorical power, her wit, do not appear in the record, powerful weapons though they are for the cause to which she has devoted her life these thirty years. Documents in the libraries we have been able to consult reveal no trace of them. There is a self-revealing contribution by her, though, in *Health and Empire*, July, 1940, an appreciation of a friend and fellow-worker

recently deceased, wherein some human qualities of her well-trained mind appear. We quote in part:

"I well remember in 1911 going to a medical friend and asking if he could suggest to me any medical man not dependent on his practice who had a sense of public service and would be likely to take up a very unpopular subject. I had then for some months been trying to secure support among the medical profession for an endeavour to call attention to the ravages of venereal disease which had been brought to light by a special police and eugenics investigation then in hand. No one wished to identify himself with such an unpleasant subject. At that time it would have been useless for a non-medical woman to have appeared as a public advocate of inquiry and action.

"My friend recommended me to approach Dr. Douglas White, which I did as a complete stranger. He came to see me and I put the whole question as I then saw it before him. He promised to study the question for the next month, and if he also was convinced that action was needed, he would return and we would work together to secure immediate public attention to the question. Four weeks to the day he returned to my office, and from that date he never took his hand from the plough until the furrow was cut.

"Papers were presented to congresses, heavily-signed letters appeared in the press, deputations waited on the Government, and in due course the announcement was made that a Royal Commission would be appointed. Doctor White became Honorary Secretary to the Royal Commission. . . . Throughout the years the Council have had the benefit of his help and advice. Recently his interests lay more with the broader aspects of social hygiene. Superimposed on his wide scientific knowledge was a strong ethical sense. This he applied particularly to questions relating to marriage and the family; his influence through the Modern Churchmen's Union, in promoting an attitude to marriage which would allow for the application both of modern knowledge and ethical principles has undoubtedly hastened progress in this field of social hygiene. . . ."

And in a personal note she says,

"Life in London now is rather like a bad gangster film. Everyone not directly affected by a bomb is extremely cheerful. All our girls turn up at the office every day, tho' many of them have been awake most of the night with the barrage and some bombs in neighboring streets. . . . I am now sending everyone to work out of London and the eastern counties. . . . You would be amused by our war routine. My daughter and I both get to our Chelsea home about 7 P.M., hoping to get dinner before the planes arrive, but as the days shorten they arrive earlier. Afterwards, when wanted, we join our local wardens, go and deal with incendiary bombs, evacuate houses made dangerous by time bombs. . . ."

The Committee has chosen to award the SNOW MEDAL this year to a woman. No woman is more highly qualified by life-long devotion to social hygiene, by disinterestedness, by the nobility that life has built into her gay character, and by her present heroism, to receive it now.

E. L. K.



---

THE WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED SERVICE TO HUMANITY was established in 1937 by a group of Dr. Snow's friends, signaling the rounding out of the first forty years of his service in social hygiene and public health. At that time a bronze portrait plaque was presented to Dr. Snow and a Committee on Award appointed, with the suggestion that from time to time medal replicas of the plaque might be struck off and presented in recognition of outstanding service in the field of social hygiene.

Previous recipients of the medal have been, in 1938, DR. EDWARD L. Keyes, who is Chairman of the 1941 Committee on Award; SURGEON GENERAL THOMAS PARRAN of the United States Public Health Service in 1939; and GENERAL JOHN J. PERSHING, in 1940.

---

*The 1941 medal was presented by Dr. Keyes  
at the Twenty-eighth Annual Meeting of*

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

PHILADELPHIA, FEBRUARY 6TH, 1941



# Journal of Social Hygiene

VOL. 27

MARCH, 1941

NO. 3

## Twenty-Eighth Anniversary Number

EDITOR'S NOTE: *As previously announced in the JOURNAL and the SOCIAL HYGIENE NEWS, five great regional conferences in New York, Philadelphia, St. Louis, New Orleans and Los Angeles headed up the celebration of Fifth National Social Hygiene Day, February 5, 1941. Supplementing the national auspices furnished for these events by the American Social Hygiene Association and the United States Public Health Service, Social Hygiene Day committees in each of the conference cities, and nearly 400 state and local health, welfare and educational agencies joined in sponsorship. As a souvenir for those attending these meetings, for the interest of those not present, and in appreciation of the cooperation of all concerned the JOURNAL publishes in this Anniversary Number some of the Conference addresses and program high-lights.*

*Other addresses presented at these conferences or at the thousands of community Social Hygiene Day meetings will appear in future issues.*

## PROTECTING INDUSTRY FROM VENEREAL DISEASES \*

WARREN F. DRAPER, M.D.

*Assistant to the Surgeon General, United States Public Health Service*



DR. DRAPER

Since the beginning of the national syphilis control program four years ago, the people have been urged to consider the prevention and control of venereal disease as everybody's problem. Today, we have new and dramatic evidence that it is everybody's problem.

Day by day our young men are being called up for military training, and day by day more men—young and old—are being hired in defense industries. A preliminary study shows that in some areas syphilis affects so many young men that it constitutes a major cause of unfitness. This study involves 120,000 men tested and examined for syphilis by the Selective Service Boards in 23 States during November and December 1940. It was found in 14 northern and western States that from 4 to 22 of each 1,000 men examined were infected. In contrast, the rates were much higher in 9 southern States, ranging from 47 to 150 in each 1,000 men tested.

What do these figures mean? Is it important that a handful of men (whether 4 or 150) in every 1,000, have syphilis? Or gonorrhoea? Perhaps the answer would be "no," if this were the only cause of unfitness, but in every 1,000 a handful will also have bad teeth, defective vision, heart disease, tuberculosis, or some other ailment reducing physical fitness not only for strenuous military life but for hard steady industrial work. Added up, these defects in health constitute a considerable loss in the national strength needed for the "all

\* Address given at the 28th Annual Luncheon Meeting of the American Social Hygiene Association, Philadelphia, February 6, 1941.

inclusive defense" asked by the President. *Any obstacle* to national preparedness is everybody's problem.

Venereal disease ranks high among the factors which cut down a man's ability to produce. From the World War until 1939, gonorrhoea headed the list as a cause of lost time in the Army. Last year the records of the Surgeon General of the United States Army showed that 239,000 days were lost through absence from duty because of venereal disease. Gonorrhoea was surpassed only by injuries and respiratory diseases as a cause of temporary disability.

From the syphilis found among the young men recently called for selective service, it is evident that there is a similar situation in industry. There is little or no information to show the extent of loss of time by workers as a result of venereal disease. But we have recent data showing the frequency of syphilis in the industrial population. Blood tests of many thousands of workers in large industrial centers in the Midwest and East have shown that from 20 to 40 in every 1,000 workers are infected with syphilis. Blood tests made in the last 6 months of 1940 on couples applying for marriage licenses in the 20 States requiring this protective measure provide an additional indication. The rate for syphilis among the 333,000 tested was 16 per 1,000.

We have no indication of the amount of gonorrhoea in industry, but Army records show gonorrhoea to be three or four times as frequent as syphilis.

Individual loss of time is not the only factor of concern to industry. Permitted to go untreated, syphilis is a treacherous disease which after remaining hidden for several years, may attack the worker's heart or central nervous system. If these crippling effects set in, industrial losses may include interruptions in production through labor replacement, damage to equipment, and workers' compensation for any who may be injured in accidents caused by the affected workers. Untreated gonorrhoea may cause pain and irritation from its beginning. It may confine the infected worker to bed for a short period and even cripple him for a considerable period of time.

*Yet, the danger that these diseases may disable a man can be completely eliminated by prompt diagnosis and treatment.* The arsenical and bismuth drugs used in treating syphilis and the sulfonamide drugs for gonorrhea are capable of quickly rendering the patient non-infectious. If administered according to the prescribed course of treatment for each disease, these drugs eliminate periods of sickness from syphilis and gonorrhea and prevent complications.

Now, with defense industries doubling and redoubling their production, it is time for the employer and employee to unite in a fight against the sabotage of syphilis and gonorrhea. The Bureau of Labor Statistics shows that the aircraft industry must increase its pay rolls from 200,000 to 450,000 workers by next August, if it is to fill present orders on schedule. Thus, we find a projected increase of one-quarter million workers in one defense industry alone. Similar problems of expansion face the shipbuilding, munitions, and others of the 75 industries vital to defense.

All this means a great movement of workers into expanding industrial areas—a movement paralleling that of the armed forces into military areas. Such shifts of population create an Interstate Commerce in venereal diseases. Some workers may carry infections into the areas involved, but the greater hazard lies in their exposure to sources of infection fostered by boom town conditions. These conditions are accompanied by influxes of prostitutes. Prostitution, in one form or another, is the greatest spreader of venereal disease.

What can the employer and employee *do* to protect themselves and to protect defense production from the needless losses caused by venereal disease? The best answer, I believe, is to make full use of existing facilities for the prevention, detection, and treatment of these diseases, and, wherever necessary, to expand these facilities to prevent accelerations of the venereal disease rate.

Under the national syphilis control program the fight against venereal disease is recognized as a local responsibility. The United States Public Health Service has formulated guiding principles and assisted State and local health

authorities in applying them. In other words, the national program is actually a series of community campaigns conducted by medical societies, local health authorities, and civic organizations.

The significance of the community approach lies in the fact that the sources of infection—either of soldier, worker, or his family—is found in the civilian population. The community responsibility for venereal disease control, I am told, has been recognized in Great Britain where actual war has placed the severest possible strains on community activity.

A tentative plan for combating venereal disease in a community of industrial workers was introduced yesterday at the St. Louis Social Hygiene Day Meeting by the United States Public Health Service.

This plan emphasizes certain essentials. One is that routine blood tests should be performed at the time the man is employed and at regular intervals thereafter. But it is stressed that a positive blood test presents no cause for denying employment—no cause unless the blood vessels or central nervous system are involved. The infected individual should be referred to his family physician or to a public clinic if he cannot pay for private care. Information of the patient's infection should be considered strictly confidential. *The worker should not be fired* unless he refuses to remain under treatment until he has received the maximum benefit.

The employer knows that it is good business to conserve labor, particularly trained labor, and particularly at a time when national defense is creating a labor shortage. The worker is an asset as long as he can produce, and *the infected worker can produce as long as he is under treatment*.

Another essential is that the program should be coordinated with both the Divisions of Industrial Hygiene and of Venereal Disease Control operated by State and local health departments. One division is organized to meet the problem of industrial health as a whole, and the other, the problem of venereal disease in particular. Next, it is necessary that there should be a complete agreement between the employers and labor organizations upon any program set up. Leaders

of both the American Federation of Labor and the Congress of Industrial Organizations have given wholehearted endorsement to the national syphilis control program, but they are disinclined to recommend the active cooperation of their members when protection against discrimination is not assured. If employers recognize the industrial and the community hazards of uncontrolled venereal disease, there need be no difficulty here.

Above all, an educational program must be developed, preferably with the cooperation of not only the industries but also of the newspapers and radio stations within the community. Every effort should be made to impress the workers with the facts about venereal disease—the prevention, cause, cure, and the personal and social dangers involved. The educational program should include information concerning prophylaxis.

It was shown by the military program against venereal disease during the World War, and it has been demonstrated in various community programs since that time, that, once we put forth hard work, syphilis and gonorrhoea can be reduced to a minor health problem. But it *does* take hard work.

We are now seeking to make ourselves so strong that we need not face what the British are facing today. We have our marching orders—orders for “great effort” and “great sacrifice” in “an emergency as serious as war itself.” It is the task of each of us to seek his place in the national defense program and to make as great a contribution as possible. Physical fitness is a contribution underlying anything else we can give. Prevention of venereal disease is one way we can contribute to physical fitness.

## HOW THE ARMY PROTECTS SOLDIERS FROM SYPHILIS AND GONORRHEA \*

ARTHUR PARKER HITCHENS, M.D.

*Lieutenant Colonel, Medical Corps, United States Army*



COL. HITCHENS

The function of the United States Army is the defense of the nation. Its Medical Corps is charged with the duty of selecting men with qualifications highly specialized for that purpose and then of maintaining and improving those qualities which render soldiers capable of serving the needs of the nation which has chosen them. It is incumbent, therefore, upon the Army administrators to know and to deal appropriately with the causes of non-effectiveness and permanent disability of the armed forces.

This concept of concern for the soldier's health because physical efficiency is a vital, tangible necessity for the accomplishment of the Army's primary job, does not justify the naive conclusion that human values other than utility for fighting and other military activities are of no significance in the Army. The officers comprising the Medical Corps are physicians as well as soldiers.<sup>5</sup> We are also citizens of the nation we must help to defend. We are aware of the numerous personal and social ramifications of our job of keeping the armed forces healthy.

The problem of syphilis and gonorrhoea being examined at our meeting today in the light of our renewed interest in national defense is a very old one with armies. The reasons for the always high incidence of these diseases among troops are too obvious to warrant their review with men and women of your orientation. It is likewise unquestionably true that

\* Read before the Regional Conference on Social Hygiene, Philadelphia, February 6, 1941.

the incidence of venereal diseases tends to increase among civilians associated with the concentration of armed forces. The sudden population shifts and concomitant disturbance in the equilibrium of social forces, which ordinarily limit the transfer of these particular communicable diseases, must occur, but careful and prompt measures can do much to alter the allegedly "natural" train of events.

For purpose of discussion we can, by abstraction, isolate the Army's way of attempting to protect soldiers—and to make it possible for them to protect themselves—from infection. It would be a serious error in logic to lose sight of the fact that the Army's problem in controlling syphilis and gonorrhoea is only a special case of a general public health responsibility which rests upon every community—whether civil or military. Civilians are also accountable for the steps that must be taken if we are to reap the advantage that is available to us through our abundant epidemiological and medical knowledge.

Let us distinguish, from the point of view of timing, the job that is precisely the Army's and the related one that rests on other government agencies and on citizens in general. The Army did not reject drafted men during the World War who had syphilis or gonorrhoea on that basis alone. Some individuals might be tempted to acquire infections for the purpose of evading their duty. The opportunities for case finding and treatment among the men who are called by the Selective Service Boards, but who are not inducted into the service, are great. It is encouraging to learn of the excellent work along lines that are sure to forward our community efforts to lower the incidence of syphilis and gonorrhoea generally. The procedure that is being followed by the State Department of Health in Pennsylvania, as well as in other states, in giving blood tests to all men who are called is worthy of the highest commendation.

But the topic which I have been asked to discuss specifically is how the Army protects soldiers, and that means, of course, what is done after men have become a part of the uniformed service, holding ever in mind the fact that the central problem is keeping men capable of rendering active military service. Achievement of this purpose includes not



only physical fitness, but also the maintenance of morale. The high prevalence of any disabling or weakening infection among troops can do vast damage to its capacities.

As our vision and understanding of an objective grows clearer, the means for adopting appropriate measures for achieving the goal can improve. It is of interest to review the efforts that have been made throughout our Army's history in its efforts to control syphilis and gonorrhoea. The enormous change in the public attitude toward venereal diseases in the last few years can be noted also in the Army's procedures. As I have noted previously:<sup>7</sup>

"Increased prevalence of venereal disease is always an accompaniment of mobilization. It will continue to be so until we begin to apply to its control the knowledge we actually possess."

Hillman<sup>6</sup> states:

"It is reported that during the first World War there were 400,000 cases in the British forces in France. There were 340,000 reported cases in the American Army. To state it differently, one man in every eleven acquired syphilis, gonorrhoea, or chancroidal infection. The venereal diseases ranked second only to influenza as a cause of lost time.

"Every medical officer knows that the punitive measures which were designed to make soldiers continent, and failing that, careful, had thorough trial. Too frequently they caused the young soldier, upon finding himself infected, to seek the advice of a patent medicine vendor or a charlatan, with the hope that he could thus avoid turning himself in and taking the punishment prescribed by Army Regulations.

"At present the infected soldier loses pay while he is away from duty because of his disease but suffers court-martial only if he fails to report for treatment. In addition, the responsible Army medical officer will now receive effective cooperation of local police and extra-cantonment health officials. Any person known to be a source of infection will be kept in confinement until made non-infectious by treatment.

"Those who contract gonorrhoea will lose less time than formerly, it is believed, because prompt treatment with the newer remedies is much more efficient than with those in use during the World War."<sup>7</sup>

This attitude of the Army toward the infected soldier is a far cry from the misguided efforts toward the prevention of gonorrhoea and syphilis which were made by the Congress of 1778 which, according to Ashburn "attempted both to decrease venereal disease and to provide funds to help purchase clothing, by means of the following resolution:

“Resolved, That the sum of ten dollars, shall be paid by every officer, and the sum of four dollars, by every soldier, who shall enter, or be sent into any hospital to be cured of the venereal disease; which sum shall be deducted out of their pay, and an account thereof, shall be transmitted by the physician or surgeon who shall have attended them, to the regimental paymaster, for that purpose; the money so arising, to be paid to the director general, or his order, to be appropriated to the purchasing of blankets and shirts, for the use of sick soldiers in the hospital.’

“There is no record as to the result, which was probably nil.”<sup>1</sup>

Consider the difference between the attitude which that action indicates and that which prompted General Pershing to prevent officers and men who had become infected in France from going home, with the intention of keeping them there under treatment until they were cured.

Thus far I have discussed primarily the Army's efforts to prevent venereal diseases by prophylaxis and therapy. The Army is well aware of the importance and potential values that wholesome recreational and educational opportunities have for soldiers. There is no question that well-administered Army posts which have abundant opportunities for recreation will thereby prevent some men from visiting prostitutes, either professional or amateur, from whom practically all venereal infections are acquired.

Although many of us believe that there are moral standards involved in the control of venereal diseases, we know from the Army's experience that no gain is made by assuming a vindictive, disparaging attitude toward an infected man. The job is to treat his illness when he is infected and to use all possible efforts to change the conditions which are likely to increase the probability of his becoming infected.

Obviously since the infections come through relationships of men in the areas surrounding the encampments, special measures can and must be taken by responsible individuals whose authority and influence affect situations which are beyond the jurisdiction of the Army. Merrill,<sup>10</sup> Chief of the Bureau of Venereal Diseases in California, has described the civil problem in the following incisive description:

“Unless local law enforcement agencies are vigilant, the arrival of troops is immediately followed, often anticipated, by an influx of

prostitutes and camp followers into areas surrounding military posts. New towns spring into being and the population increases rapidly in established communities near troop concentrations. Streets and shops are crowded with service men on liberty, construction workers off shift, and business men and their employees attracted by new opportunities. Families of service men and workers move into the towns. Rents rise. New dwellings are constructed and new shops open overnight. Money flows freely. Moral standards become relaxed. Opportunities for healthful recreation fail to keep pace with the needs of an increased population. Within a short time, communities which formerly were well ordered take on the characteristics of boomtown. Social conditions such as these induce the spread of venereal diseases unless prompt, corrective action is taken by all groups which are concerned with the problem. These groups are: (1) military authorities; (2) public health officials; (3) law enforcement agencies; (4) other civil authorities and civic groups."

The agreement<sup>3</sup> which was adopted last May by the Conference of State and Territorial Health Officers on *Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees Are Concentrated* will certainly make a great difference if the words and good intentions contained therein are translated into action.<sup>8</sup> There is evidence that progress is being made.

The potentialities of the services to our country which the American Social Hygiene Association and its local societies can render could hardly be overstated. The extent to which the practical and wise steps outlined and endorsed by the representatives of the Army, Navy, Public Health Service, Social Hygiene Association, and State and local Health Departments for the control of syphilis and gonorrhoea will be limited by the support the plans receive in the areas affected, as well as in the country as a whole.

Educational work which is sorely needed and which the Social Hygiene Association has demonstrated that it can carry on effectively includes more than giving information on the dangers of venereal diseases and on the fact that they can be cured. Important as that work is, it is equally valuable and essential to demonstrate conclusively to responsible citizens the fact that supporting diagnostic and therapeutic clinics which are available to every human being who needs them is a *sine qua non* of a control program. The essential accessories of such clinics include, of course, medical social

workers, good epidemiologists, and adequate laboratory service.

The physician who treats venereal diseases, whether in a hospital clinic or other institution, or in private practice, has a responsibility which is far more imperative now than in the World War. No patient must ever be discharged as cured unless every available practical means has been used to ascertain whether or not the infection has been eliminated, not only clinically, but also bacteriologically in the case of gonorrhoea and serologically in the case of syphilis. We are all agreed probably with regard to syphilis that the criteria of cure are still under discussion and that a certain number of injections given over a prescribed period of time is a safe practical foundation upon which to rest decision. In the case of gonorrhoea, however, we have a more reliable method for deciding the time when cure has been effected. There are bacteriological techniques with which every physician who treats venereal diseases should be thoroughly familiar. The only safe criterion of cure is a bacteriological one. We know only too well that stained smears are unreliable. Careful culture studies should be made in every case by a competent bacteriologist. The methods of culture are not difficult, but the technique must be followed in every essential detail and the examination must be thorough and repeated for a sufficient number of times to make the reported result conform with actual facts, except, of course, in the case of those individuals who develop the intermittent carrier state. The technique and the relative values of the direct smear method and the culture method of detecting the gonococcus are well described by Carpenter in a forthcoming volume<sup>2</sup> being published by the American Public Health Association. His findings on the superiority of the culture method as a criterion of cure will convince the most apathetic or skeptical.

We know that persuasion and understanding are the most effective measures in getting and keeping infected persons under treatment and thereby rendering them non-infectious. However, it is sometimes necessary that the will of the people be executed with force, but legal force cannot be applied successfully without strong public backing. Isolation wards for

recalcitrant patients must be provided. It is just as important that those individuals who continue to spread their disease be taken out of circulation as it is to prevent typhoid carriers from handling food. Ample precedents for resorting to such measures when they are clearly in the interest of the public welfare already exist. Tobey,<sup>17</sup> in his work on *Public Health Law*, has reviewed this information adequately. I commend his report to you. The extent to which law enforcement agencies can work promptly and effectively is conditioned by the weight of public opinion. That is another place where Social Hygiene Associations can do a job of incalculable importance.

Another need is for the building of a firm and unequivocating opposition on the part of the public to legalized prostitution.<sup>11</sup> The notion has prevailed too long against the overwhelming evidence of objective facts that by legalizing prostitution the spread of disease can be prevented. No one who has the most rudimentary knowledge of the difficulties of discovering venereal infections often enough to prevent their spread by prostitutes could subscribe to such a policy. The less *accessible* brothels are, the less *profitable* they are to their owners, and the less likely they are to flourish.

On the positive side of the problem of the social relations of soldiers to the areas accessible to encampments, there is the need for the provision and extension of recreational facilities other than brothels.<sup>15, 16</sup> Although there no doubt are some men who will seek out prostitutes, there are certainly many service men as well as others who would participate in other activities of the community if they were made to feel welcome in them.

Let us remember that our enlarging Army is composed of men who have been brought into service by the pressure of other individuals making up the nation. I do not mean to imply that most of them are not willing and even eager to serve. But let us not permit the dulling of our sense of responsibility to them as the first warmth produced by our emotional response to the problem of national defense grows cooler with time.

Service in the Army during a great mobilization either in defense, as at present, or for war, as back in 1917 and '18, always demands sacrifices not only by the young man who is entering the Army, but also in equal measure by those he leaves at home. All the near relatives, and especially mothers and fathers, maintain continuously a type of desperate concern with regard to his welfare and his safety. The mental attitude of persons toward the service being rendered by their sons varies up and down the scale of human emotions, as far as human minds can reach in any direction. There are those who consider the time given to the Army as a great privilege to serve the country in time of need. There are others who take a completely selfish attitude with no sense of civic responsibility to support them.

The mental reactions of those back home when their son is stricken by a serious disease while he is in the Army, or one who suffers a serious battle casualty, are violent or calm and deep—according to their natures.

Since the World War we have had an opportunity to observe the long range effects of the ravages of the first World War upon parents in this country. Among those who lost sons as a result of battle wounds the years have somewhat mellowed the acute anguish caused by the first news that came from Washington. A grateful country has tried to show its gratitude to war mothers by giving them an opportunity to visit the graves of their sons somewhere in France. Can there be any doubt that the variety of emotions engendered by that voyage were all of one basic type with the varieties almost obliterated? No mother could go through that experience without realizing the great thing she had done for her country, the fruitful sacrifice she had made to keep alive our institutions and our form of government.

May I contrast the emotions of a war mother visiting the grave of her hero in France with the emotions of a mother visiting her insane son in one of our Veteran's Bureau Hospitals?

Somewhere in France or maybe before he ever got to France this son was infected with syphilis. He was puzzled and frightened; he did not understand and delayed reporting

the matter to his medical officer. This delay permitted the spirochetes to invade his cerebrospinal nervous system with the result that, in spite of active treatment, he gradually deteriorated and ultimately drifted into a Veteran's Bureau Hospital there to spend the next 20 or 30 or 40 years paralyzed and insane. To visit him his mother need not travel to France. Possibly she wishes the journey had to be much farther; every time she sees him she realizes what a hopeless waste her bringing him into the world and rearing him to manhood turned out to be. Every time she sees him he dies another death for her.

During the World War there were 64,208 primary admissions for syphilis among our soldiers.<sup>9</sup> There were 1,700,000 days lost from duty by the American Expeditionary Forces.<sup>11</sup> The care and treatment of the infected men since that time has cost this country many millions of dollars. What it has cost mothers cannot be estimated in dollars and cents. Insofar as we work successfully toward the eradication of this disease we save money for our government. However great this sum might be it is infinitesimal compared with the saving of mothers' tears.

#### Bibliography

1. ASHBURN, P. M.: *History of the Medical Department of the United States Army*, Houghton Mifflin Co., 1929.
2. CARPENTER, CHARLES M.: *The Gonococcus*, Chap. 4, *Diagnostic Procedures and Reagents*, American Public Health Association, New York. In press.
3. CONTROL OF VENEREAL DISEASES IN AREAS WHERE ARMED FORCES OR NATIONAL DEFENSE EMPLOYEES ARE CONCENTRATED, *Veneraeal Disease Information*, 21 (9):277. Sept., 1940.
4. DUNHAM, GEORGE C.: *How Can Citizens Help to Protect Soldiers and Sailors from Syphilis and Gonorrhoea? I. The Problem from the Army Viewpoint*, *Journal Social Hygiene*, 26:395-403, Dec., 1940.
5. FOX, LEON A.: *The Medical Officers' Responsibility in the Present Emergency*, *Military Surgeon*, 88:32-39, Jan., 1941.
6. HILLMAN, C. C.: *Medical Problems Encountered in Military Service*, *Annals of Internal Medicine*, 13:2205-2211, June, 1940.
7. HITCHENS, ARTHUR PARKER: *Experience of the Army and Civilian Conservation Corps in Handling Newly Mobilized Men*. *J.A.P.H.*, 30 (11): 1297-1301, Nov., 1940.
8. ———: *A Health Program for the Homeside in Wartime*, *Transactions of the College of Physicians*, 8 (3):166-179, Philadelphia, Dec., 1940.
9. *Medical Department of the United States Army in the World War*, Vol. I, 1923, Vol. IX, 1928, War Department.
10. MERRILL, MALCOLM H.: *Veneraeal Disease Control Problems Associated with the Military Training Program*, *Weekly Bulletin*, California State Department of Public Health, 19 (51):201-203, January 11, 1941.
11. REYNOLDS, C. R.: *Prostitution as a Source of Infection with the Veneraeal Diseases in the Armed Forces*, *A.J.P.H.*, 30 (11):1276-1282, Nov., 1940.

12. PARRAN, THOMAS: *Building Health Defenses, South. M.J.*, 34 (1):85-90, Jan., 1941.
13. ———: *Health and Medical Preparedness, J.A.M.A.*, 115 (1):49-51, 1940.
14. ———: *Shadow on the Land*, American Social Hygiene Association, New York, 1937.
15. STEPHENSON, CHARLES S.: *The Naval Officer's Public Health Activity, South. M.J.*, 34 (1):90-98, Jan., 1941.
16. ———: *How Can Citizens Help to Protect Soldiers and Sailors from Syphilis and Gonorrhea? II. From the Viewpoint of the Navy, Journal of Social Hygiene*, 26 (9):402-414, Dec., 1940.
17. TOBEY, JAMES A.: *Public Health Law*, Commonwealth Fund, New York, 1939.

A New Popular Educational Leaflet



Nearly four hundred thousand of this new leaflet, written by Dr. Walter Clarke especially for boys about to join the armed forces, have been distributed in the past three months by social hygiene societies, health departments, church groups and other health and welfare agencies. A new leaflet of similar content is being prepared for industrial defense workers.



## THE SEXUAL ASPECTS OF MILITARY PERSONNEL •

JOEL T. BOONE, M.D.

*Captain, Medical Corps, United States Navy*



CAPT. BOONE

Since the dawn of history, mankind has heard the measured tread of marching armies. The problems of health became an early and very important matter to the units of any command, for besides the hazards of battle were the problems of hygiene and sanitation of the march, of food supply, gastro-intestinal disease and other conditions peculiar to armed forces.<sup>1</sup> Likewise very early, too, was recognized the importance of venereal disease. Hebraic generals took great pains to see that their men did not cohabit with the women of conquered peoples.<sup>2, 3</sup> It was even an offense for a soldier to have coitus on a campaign. Xenophon<sup>4</sup> mentions the "issue from the flesh" in his exhortation to his soldiers. All Grecian and Spartan army officers cautioned their commands against promiscuous intercourse.

What, today, we recognize as the symptoms of gonorrhea, were punished by lashing in Caesar's Gallic Army. Josephus in the *Wars of the Jews* mentions the death of Roman soldiers because they contracted gonorrhea. Richard the Third is said to have ordered men hanged for developing venereal disease. Moses Maimonides alludes to the decay of the Moorish army in Spain because its leaders allowed venereal disease to run unchecked or uncontrolled.

It is not within my province to say how syphilis started in Europe. Ruffer in his classical text, *Paleopathology of Ancient Egypt*, states that no signs of syphilis have been found in any Egyptian mummies. To my knowledge no

\* Address delivered before the Regional Conference on Hygiene at Los Angeles, California, February 5, 1941.

European skeletons found antedating Columbus have ever shown signs of syphilis. Those medico-historians who state it was brought to Europe by Columbus' sailors have ample testimony to bear out their theories. If this is so it serves graphically to illustrate how syphilis was spread across Europe by the condottiere parading between Spain, Italy and France. Columbus landed back in Spain in 1493, and his sailors infected the women, who in turn infected the Italian soldiers ordered there by Charles V. In the unexpurgated edition of Voltaire's *Candide*, and in the *Autobiography of Benvenuto Cellini*, are further evidences of this premise.

The Italian soldiers carried it back to Italy to infect the women of Tuscany, who in turn infected the remnants of the French army present. It is evident from this brief history how a controllable scourge can sweep through an entire continent.

It has been only in the past eight years that gonorrhoea and syphilis have been brought outside the social closet where they had been for the past centuries, and aired in the light of reason. Even though ridiculously short-sighted moralists frowned on the efforts of epidemiologists as doing something unholy; and this, notwithstanding the formidable dangers such a campaign has had in the past and the dire effects it would continue to have. Obviously, syphilis and gonorrhoea are diseases, like small pox and pneumonia, and not disgraces. When this concept becomes an integral part of the minds of people, we will have taken a long step towards their final eradication.

We stated that the armed services did a great deal to spread infection. Nor can we deny the veracity of this statement; but, it must be stressed, armies and navies use *men*. Men of the very essence of masculinity. Men in the prime of life. Perhaps nowhere else on earth, than in an armed force, is so much asked of men in return for so little. The life of the soldier and sailor is a proverbial grumble: The pay is small, the danger great, and the reward until recent years so scanty as seemingly to be negligible. Now, this has materially changed. Never in all the history of man's armed forces

has the Navy had so much to offer. The sailor aboard the present warship must be an experienced mechanic. Trade schools are amply available in practically every known field of human endeavor.

He is given comforts and excellence of food, never dreamed of in the old Navies. One has just to read Melville's *White Jacket* to realize the incredible changes in our present Navy. Today, no press gang steals into brothels or bars to shanghai personnel. Now he is picked with extreme care and examined mentally and physically many times before joining his unit. In recruit camp his diet is such that he will continue to grow in spite of severe exercise. Following this he is the recipient of a truly broad education of a practical as well as of a theoretical nature. There is no walk in civilian life which does not have its counterpart in the Navy. Our personnel today does not represent any one group, but is a product of a cross-section from the best homes in America. Why then do these men who represent the finest stock in our land hunt out the alleys of civilization when separated from home environment?

Let us try to analyze the sociological aspects which drive him to this: First, he comes from a relatively good home; in most cases free from moral taint. He has not been jailed for any crime, so he is free from the sordid background of a penitentiary.

His home consisted of at least a living room, a dining room, a bed room or so, and a kitchen. There was absolute freedom and ample space in which to live. Now, he comes aboard ship; in many instances his living room becomes a note pad on his knee, as he sits on his bunk or on a small wooden box, (his ditty-box, where he harbors his keepsakes), his dining room becomes a shaky tray; his clothes-closet becomes a sea bag, or at best a small metal box. The sailor sleeps in his underwear. There is little opportunity for privacy. He has to submerge his personality into the mass. True, on our larger ships, he has larger recreational areas shared by every man; but the Navy is composed to a great extent of smaller vessels, and floating community centers are not available.

Obviously, then, when he comes ashore he seeks out the warm excitement that will stave off the nostalgia awakened when he recalls his home. It has been truly said: "Man is but a child, seeking in the arms of every woman a return to infancy."

We cannot change the character of his ways except by education, precept and example. We can try to keep him from being too conscious of urgings of the flesh. We would not want to lessen his virile attributes. Naturally then, we in the Medical Service must be constantly alert to safeguard him against surrender to his indiscretions which so often result in venereal infection. The man who unwittingly besmirchs his body lowers his efficiency by demoralizing his attitude toward work. We are fully aware that a natural concomitant of this is a permanent corrosion of his moral integrity, which is reflected in his associations with his comrades.

The matrix of an army is made of the good and bad, the cruel and the tender, the vicious and the kind. They are disciplined—not out of the whim of their commander—but because the red pages of history have repeatedly shown that undisciplined armies easily become vanquished mobs. The men in a successfully trained army or navy are stamped into a mold. Their barracks talk becomes typical, for soldiers are taught in a harsh and brutal school. They cannot, they must not, be mollycoddled, and this very education befits nature, induces sexual aggression, and makes them the stern, dynamic type we associate with the men of an armed force.

This sexual aggressiveness cannot be stifled. Recently, I read an article by a man who bewailed the effect army life would have on his son. Imagine, if you can, an army of impotent men. This very sexual drive is amplified because of fresh air, good food and exercise, and exaggerated by the salacious barracks talk. It cannot be sublimated by hard work or the soft whinings of victorian minds. How important this libido was considered historically can be gathered from the words of Gian Maria, Duke of Milan, who, after his defeat stated: "My men had ceased to speak of women, I knew I was beaten." The Mongol hordes, who conquered all Asia and most of Europe, recognized this fact too.

“He who is not virile is not a soldier. He who lacks virility is timid, and what rabbit ever slew a wolf?”

If we bear in mind that our armed forces are sexually aggressive, that they must be if they are going to be good soldiers and sailors, an important part of our problem is solved. We cannot legislate morals, and the passing of absurd laws will not bury instincts upon which the very fabric of our race is spun. We can only hope to control and educate.

We are met with a supreme difficulty at the outset. It is impossible to segregate the prostitute even if we wished to do so. It has been tried ever since the days of Astarte, and failed. However, we can examine such women, and require those having venereal disease to take treatments. But even so, we cannot stop the so-called “amateur competition”—the girl on the street who likes a man in uniform. When a man leaves his ship or station, we cannot keep him from going out with such a girl. We offer the best recreational activities money can buy. We encourage competitive sports and insist every man get some exercise every day. How efficacious this is, we have no idea. We illustrate to the man over and over again the effects of syphilis and gonorrhea, startle them with movies and urge them to use every device to protect themselves.

We encourage the use of the condom as affording the greatest factor of protection against infection. Parson<sup>5</sup> says: “Our chief reliance is placed in the use of the condom. Formerly this was considered immoral by high Navy officials. Now encouragement is given towards its use, since it prevents 100% gonorrheal infections and about 90% syphilitic infections. No doubt its use has greatly increased in the Navy in the last ten years. However, many men so dislike them they prefer the hazards of contracting venereal disease. This should be overcome by propaganda and every effort should be made to indoctrinate the men with the idea of the great importance of avoiding venereal disease by this best known method.”

The manner in which the chemical prophylactic is portrayed becomes an alliterative dream to the young man. He hears it from the time he enters the training station until he leaves

the Naval Service. It becomes as much a part of him as his General Orders or the very clothes he wears. "Soap, silver and mercury." He sees it on the wall of the *head* (Navy for latrine), it is drilled into him by lectures and deliberately instituted as barracks talk: "soap, silver and mercury." Soap impresses him with cleanliness. Silver as silver picrate as a gonococcide. And the inunction of mercury as calomel ointment, an inhibitor for the syphilitic organism. The method of use is so well known that repetition is unnecessary. A packet containing these chemicals and their instructions are available whenever or wherever he chooses to go ashore. In addition to this, prophylactic stations are an integral part of every liberty party. Every ship, every station, every naval activity from the smallest tug to a vast naval yard has its prophylactic station. Wherever the Fleet puts into port a shore patrol is established, the medical members of which devote the greater portion of their time to the maintenance of the patrol's prophylactic station. In fact, as soon as a ship lands at port, a doctor and corpsmen set up first aid and prophylactic stations: on the docks, in the Y.M.C.A., police stations, in all the places where experience has shown the men will tend to congregate. The location of such stations is distributed throughout the Fleet in order that all men can take advantage of this protection. Some naval physicians advise that in addition to these stations a prophylactic kit be made available which would supplement the stations by enabling the best chemical method for immediate prophylaxis. Our chief practical reliances are the condom and chemical prophylactic. The men had to be educated to use these measures, to realize they were the defense against an insidious infection, simulating in the human body, the termite, destroying unseeingly and only evident after serious damage has taken place.

How successful are we?

Doctor Joseph Earle Moore, who made a statistical study of gonorrhoea and syphilitic prophylaxis during the world war, states that the men failing to take treatment were more than seven times as likely to contract disease as those who did take it. Of course we all know that the success of the method depends upon the interval between exposure and treatment and the thoroughness with which it is used.

Such a system works not, perhaps, as well as we should like; but, when we consider the number of men in the service, their exuberant state of health, the uncontrolled houses of prostitution, the open doors to the apartment and boarding houses available to them, the ease with which they can find "pick ups," it is significant that the number is as low as it is.

One thing further I would like to stress. History paints in lurid pictures abnormal sexual practices which become associated with men at sea for long periods. Jokes and filthy stories say that the world's navies are composed of characters from the pages of Kraft-Ebbing or Forel. This is a ridiculous attitude. Some men with abnormal defects of personality do filter into the naval service. That cannot be denied, but it is axiomatic that a healthy man is normal sexually and it is startling to see how soon the healthy men realize the offender in the group and usher him peremptorily out of the service. Men who would die before they would betray the confidence of a shipmate, look with loathing and utter contempt on such bizarre characters and make every effort to see that the Medical Officer learns there is among the crew one who is not a male in the healthy sense of the word. We have no place in the service for the homosexualist, the panderer or the pederast. He is—as soon as discovered—and this happens with amazing speed, taken to one of the naval psychiatric institutions for treatment.

Control of venereal infection is not limited to the force trained for battle. The ships of the Fleet are put together by trained artisans,<sup>6</sup> i.e., the Civil Service personnel. Our Navy is a gigantic business, its industrial ramifications spread into every form of constructive enterprise. The care of ships is maintained in part by men hired by the Navy, men who are not blue-jackets. All men applying for this work are given rigid examinations, not necessarily to protect the public treasury from future pensions, but to aid in the prevention of further venereal infections; for any such condition is cause for rejection until satisfactory cure has been established. Further, all civilian food handlers are likewise examined regularly and inspected periodically.

The maintenance of man power is of vital importance—not merely as a fighting force but because the personnel of the service today are going to be the fathers of tomorrow. Experience has shown that, just as a healthy man is a happy man, a healthy nation is a happy nation. History bears out this assumption. One has but to read the *Decline and Fall of the Roman Empire* to understand how the decay of Rome set in as a result of moral corrosion, sexual degeneration and economic unrest. One who betrays the nation that gave him birth usually bears the stigmata of the moral weakling. The “fifth column” we have to fear is not just the sycophant, sneering at our democracy, but our own puritanical hesitancy in purging from our midst crippling, preventable venereal disease.

The dark ages of Europe, those four centuries of blind, helpless groping for a light, remained dark because disease was rampant; the feudal military leaders did not care; and wherever an army marched, ahead of it stalked the spectre of disease. Who are the Four Horsemen of the Apocalypse? *Conquest, War, Disease and Death*—and the most dreadful of these is *Disease*.

It is not within the province of the medical officer to preach of the good life. This, we say, is one of the duties of the chaplain. However, it is incumbent upon the doctor that he strive to inculcate into the naval personnel, the idea of health, not merely in the prevention of accident, or venereal disease, but also in habits of thought, and cleanliness of mind and body.

This is why we stress education so much and refer to it so often.

Now what happens when a man does get an infection? He is not punished for having sexual desire, any more than we would punish him for having hunger or thirst.

Navy regulations in recent years do not court-martial the man for contracting venereal infection. They punish him if he disobeys any lawful order. Naval regulations for many years compelled those who exposed themselves to venereal infection by illicit sexual intercourse to take chemical prophy-



laxis. Failure to do so was held as wanton neglect of an order. If venereal disease developed, court martial followed. A modification of that regulation in 1939 makes a court martial mandatory for those who conceal a venereal disease and for those who absent themselves without permission while on a venereal restricted list. Regulations still deprive him of his pay when on the sick list as the result of venereal disease, when it can be determined that it is due to his own misconduct. This is done solely as a deterrent. Personally, however, I do not believe this practice should be continued. I hope a further interpretation and understanding of man's frailty will modify these regulations. I am one of those who believe that the unfortunate individual who illicitly exposes himself and who contracts disease should not be permanently stigmatized. He should be pitied. Who can stand in judgment on such a man? Who know the circumstances with which he was faced prior to exposure? Most men are high of purpose and condemn themselves far more than can others, when they succumb to salaciousness.

The relationship between patient and physician is one of professional confidence, whether it is in civil or military medicine. That principle is uppermost in our minds when dealing with problems incidental to venereal infection. We naval doctors do not limit our treatment to the officer and enlisted men but to the members of his family as well. As physicians we realize our greatest mission is to protect the sanctity of the home; and we must be very cautious in our dealing with the venereally infected, whether it be husband, wife or child. Daily, we have this problem in our outpatient clinic. In our efforts to protect the home from the contaminated, we must be most careful not to break down the professional confidence entrusted to us. It takes skillful and painstaking human understanding to treat the infected effectively and protect the family.

Eventually all this training, preparation, and nervous apprehension incidental to the present emergency will subside. However or whenever the men will return to their homes, we in the Navy want them to return in as good and, if possible, in better health than when they came to us.

Every mobilization of industrial manpower is followed by epoch-making medical achievements. In the last war we learned how to combat shock; we learned the closed drainage of empyema, and the use of extension splints in fractured extremities. We look down the corridor of these coming years, not afraid of our ignorance, but with assurance that from the present crisis will come new and satisfactory medical wonders, to bless mankind in the future with health and make it a joy to be alive.

Now, what can a civilian group, dedicated to social hygiene, do to help us who serve in the military services? I was gratified to have this question propounded, particularly to have it initiated from civilian life. It illustrates the fundamental character of our nation. For successful accomplishment, the civilian and military groups must work together. None know what may be expected of us in the near future. Our safety lies in team-work, always, whether it is in peace or in war; whether it is in the home or in the nation, or in what we call cooperative international relationship. Such relationship has broken down today, because there is not team-work. As a consequence we are forced to meet the new problems of international relationship in many instances, on another basis than mutual good will and cooperation. We must stand ready and prepared to meet ruthless national aggressiveness. The military cannot meet it alone. The military and civilian forces must stand shoulder to shoulder. So your question is timely and becomes of serious import. What can you do to help us?

Prostitution is the oldest of the professions and history bears ample testimony to its uncontrollability. If we should set aside such houses and say to the men, "These you can use," we would defeat the very purpose for which we are striving—a high degree of morality in our men. If, however, we say such houses are "out of bounds" we merely add another temptation—the oldest to man—the forbidden fruit. If we stick our heads into the sand and refuse to look at facts, we are guilty of a greater crime—that of negligence. We are physicians, not policemen. It is not for us to steam into ports and dictate to the local authorities how they must conduct the back streets of their city.

Yet the situation grows intolerable. We cannot sit idly by and see the cream of our nation's manhood irrevocably ruined because of venereal infection. Every effort must be instituted to bring to the public mind that a greater danger, always with us, is closer now than ever to our portals. Not only must we watch the marauder who would rape our shores from without, but we must guard ourselves from the vicious forces within.

You can make the words "syphilis" and "gonorrhoea" household words. You can plaster billboards with cautionary signs. You can encourage the movies to portray shorts on the efficacy of the Kahn and Wassermann. You can show the effects of adequate treatment, and by careful psychological appeal, you can help to stamp out the stigma that has always been associated with venereal infection. All this to the end that people will recognize what is so evident: that syphilis and gonorrhoea will remain with us so long as ignorance is fostered, bigotry admired and delay encouraged.

We cannot stifle the instincts of man, we cannot legislate his appetite. We can only educate him to caution, watchfulness and the perpetual awareness of the hazards of promiscuous intercourse; and furnish him with adequate preventive measures.

Today we stand on the threshold of a grim tomorrow. War scratches from man the veneer of his civilization; it returns his bestial instincts and removes the finer restraints; it shatters the inhibitions built up through years of character development; it separates man from the refinement of his friends and the atmosphere of family wholesomeness.

I speak not in the abstract; I know war!

I have been a part of a war machine on more than one occasion on foreign shores. I have known what war does to the higher purpose of man. Because I know it from intimate association at home and abroad, I loathe it.

Today we stand on the rim of war with one foot over the brink and the other on crumbling earth. We can see the cracks and hear the reverberations.

It does not seem possible that we can guard ourselves from

engulfment. Men are trying desperately to keep us from total involvement, but can they succeed?

It remains then for us to prepare for any eventuality, and our mission today is to devise ways and means of keeping the nation's manpower sturdy and strong.

The military physician can treat the victim of venereal disease. He cannot, except in a small measure, protect him. When a military man becomes infected we restrict him to his ship or naval activity, to prevent contact with the civilian community. Thus we in the military protect the community. *Does the community protect the military from infection? His protection must come from civilian action and vigilance. In the community is the source where venereal disease control must originate.* We in the military will give what assistance is possible. Your duty is clear. Will you—can you—meet this challenge?

As a physician, as a military man, I pray God you will solve this problem which has wrecked men since the dawn of history, and which has defeated armies through the ages.

It can be truly said, "When we have to do with an art whose nature is the saving of human life, any neglect to make ourselves master becomes a crime." These words were said by a man who lived in the latter half of the eighteenth century. A man who suffered, was persecuted, scoffed, and ridiculed; but whose contributions to science and modern medicine, though not always credited to him by the narrow and the intolerant, are monumental and numerous. That man was Doctor Samuel Hahnemann.

National Social Hygiene Day brings us together that we may apply these words: "When we have to do with an art whose nature is the saving of human life, any neglect to make ourselves master of it becomes a crime."

#### Bibliography

1. MAGEE, *Military Medical Manual*, Third Edition.
2. LEVITICUS, XXIII, 24. *et seq.*
3. MAIMONIDES, *Mishua Torah*, Chapter V.
4. XENOPHON, *Anabasis*.
5. PARSONS, ROBERT P., COMMANDER, (MC), U. S. NAVY. *Personal Communication*.
6. STEPHENSON, CHARLES S., *Relationship of the Health of Civilians to the Efficiency of the Navy*. *American Journal Public Health* 30, Number 11, (November, 1930).

## THE SNOW MEDAL IS AWARDED TO MRS. NEVILLE-ROLFE

*High point of the Luncheon Session of the Twenty-eighth Annual Meeting of the American Social Hygiene Association at Philadelphia, on February 6th, was the presentation of the William Freeman Snow Award for Distinguished Service to Humanity to MRS. SYBIL KATHERINE NEVILLE-ROLFE, of London, Secretary-General of the British Social Hygiene Council for many years. Though plans for MRS. ROLFE to come to America to receive the Medal personally could not be carried through because of crowded air-traffic conditions, it was possible for a number of British friends to be present to witness the ceremony and join in honoring an outstanding social hygiene pioneer. Among these were MR. LAURENCE N. ROBINSON, British Consul-General, Philadelphia, DR. GORDON BATES, Director-General of the Canadian Health League, Toronto, PROFESSOR HELEN INGLEBY, of Philadelphia, Mrs. Rolfe's cousin, who received the Medal on her behalf, and MISS MARY CRAIG MCGEACHY, of the British Embassy at Washington. Messages of congratulation were received from other friends, including PROFESSOR BRONISLAW MALINOWSKI of Yale University and MAJOR A. G. CUMMINS of the British Library of Information in New York.*

MAJOR GENERAL WILLIAM G. PRICE, JR., Chairman of the Pennsylvania Anti-syphilis Committee and of the Philadelphia Committee on Social Hygiene Day, presided at the luncheon meeting and the medal presentation. For those who could not be present the JOURNAL takes pleasure in publishing a verbatim account:



GENERAL PRICE

GENERAL PRICE: Ladies and gentleman, our program includes a most interesting event—the award of the *William Freeman Snow Medal*, which is given annually by the American Social Hygiene Association's Committee on Awards, for *Distinguished Service to Humanity*. The recipient of the Award, which has in previous years been accepted by outstanding Americans, including General John J. Pershing and Surgeon General Thomas Parran, this

year goes to a subject of Great Britain, a woman internationally known for the qualities and the deeds implicit in the

Award—Mrs. Sybil Katherine Neville-Rolfe, Secretary General of the British Social Hygiene Council. The presentation of the Medal will be made by Dr. Edward L. Keyes, Chairman of the Committee on Awards, and in Mrs. Rolfe's unavoidable absence, her cousin, Professor Helen Ingleby of Philadelphia, will accept the Award in her behalf.

Dr. Keyes is well known to all. In addition to being Chairman of the Awards Committee, he is Honorary President of the American Social Hygiene Association, Professor of Urology at Cornell University, a former President of the American Urological Association, author, consultant, dean of the medical profession in his chosen field of practice and research. It is my great pleasure, and great honor, to present Dr. Keyes:

DR. KEYES: Until a week ago, Mr. Chairman, we had every reason to hope that our feast today would be made memorable by the presence, dynamic and gracious, of one glad and competent to serve the human race. Sybil Katherine Neville-Rolfe is a gentlewoman, the steel of whose spirit has been tempered by thirty years of unceasing work amid the grime of the engine-room of humanity. What you hold in your hands is the barest record of her life.\*

Imagine what it meant in England, a generation ago, for a woman to preach the crusade against venereal disease, a crusade so unsympathetic to her countrymen that it would, as she says, have been useless for her to have attempted it unless with masculine medical support.

She says, too, you will note, of Dr. White, that he never took his hand from the plough until the furrow was cut. She was a partner in this ploughing, the silent partner, always the Honorable Secretary, distributor of praise and honor to others. Today is our opportunity to honor her.

Her government promised she would be here today. This, alas, has proved impossible and we can only hope, as we call upon her proxy to receive our medal, that upon some happier

\* The reference is to the brochure which appears as a supplement to this issue of the JOURNAL.

morrow we may greet this modest, valiant champion of mankind—aye, and of womankind, too.

The women of England stand today robed in a splendour we, please God, shall never know. What have we missed, we who cannot welcome this true Briton, wearing the sharp thorns of her country's woe with head held high as when her crown was of orange blossoms, and the swords crossed above it were swords of peace, in the hands of friends and gentlemen and defenders of civilization!

We do not fear to make her blush by our praise, for she is not here. Seventeen years ago, on behalf of social hygiene, she gaily worked her way across Canada and the States. This year she faces a grimmer duty.

For some hours now it has been night in London, and the lady who permits us today from this, our lesser world, to offer her the *William Freeman Snow Award for Distinguished Service to Humanity*, having dismissed her office force to a place of safety, having completed her own eight-hour day, is out on the street with her daughter, helping the Air Raid Wardens deal with bombs and aid the injured.

For thirty years Sybil Neville-Rolfe has been moulding public opinion in Great Britain. Some night before she slips into the slumber of utter weariness, one hopes she may realize how much worthwhile her life has been, helping to fit her people for this ordeal, the like of which the world has not seen.

In her absence, Professor Helen Ingleby, Mrs. Rolfe's cousin, will accept the Snow Medal for Sybil Katherine Neville-Rolfe, champion—nay, creator—of social hygiene as they know it today in Great Britain and throughout the British Empire.

PROFESSOR INGLEBY:\* Thank you, Dr. Keyes, for your very beautiful address. From the bottom of my heart, I thank you, and I know that my cousin, Mrs. Neville-Rolfe, who cannot be with you today, will thank you even as I do. She is indeed sorrowful that she cannot be with you. She did

\* Professor Ingleby, a subject of Great Britain, is Professor of Public Health at Women's Medical College, Philadelphia.



DR. KEYES AND PROFESSOR INGLEYBY

her best. Though she cannot be spared from England long at this moment, neither weather nor bombs nor torpedoes would have stopped her from coming. But the Clippers are already booked to capacity for months ahead, and she was unable to get a seat in the only thing that would have traveled rapidly enough to bring her here in time.

Those of you who know her will share that feeling of regret with her. Those of you who don't know her have missed something. Perhaps some of what you have heard today will tell you what you have missed, because I know her well, and I can say honestly that the praise given her is not exaggerated. I am glad to be her personal representative, although sorry that it had to be in this way.

I think that everyone in England is thrilled at the presentation made today. That you should have taken this opportunity at this moment in history to give this distinguished award to a woman for the first time, and to an Englishwoman, is something that not only Mrs. Rolfe feels deeply, but all England—all Britain—feels with her, and we thank you.



Sir Walter Langdon-Brown, President of the British Social Hygiene Council, says :

“Mrs. Rolfe modestly insists that this award is really made to our Council, rather than a personal recognition of her work. Herein I must disagree with her, for we know that she is the inspiring force in all our work, and it is clear that your Association agrees with me. It is a great encouragement nevertheless to us as well as to her.

“May I add that this recognition of her distinguished services comes at a most appropriate moment, for the War has presented new problems and new difficulties, as well as adding new importance to our work, and I have been greatly impressed by the courage and resource with which Mrs. Neville-Rolfe has faced all these. But further, it is a welcome token of the increasing collaboration, sympathy and understanding which the present threat to our common ideals has enhanced between Great Britain and the United States of America. In the continuance of this cooperation lies the only hope for the future of civilization.”

Mrs. Rolfe has written :

“I cannot help feeling that this honor is at least as much one done to the British Social Hygiene Council, of which I have been, so long Secretary-General, as to myself, but nevertheless I feel much gratified that it has been thought appropriate to express this appreciation by associating my name with it.

“I do feel also that this generous gesture of your Association is a mark of the close collaboration and the unbroken fellowship which has existed for so many years between our two organizations, and that it is also perhaps a recognition of the greatness and importance of our common task at this momentous period of the world’s history.”

My reply to that is that the British Council is a body, it’s a learned body, it’s a wonderful body, it’s a great body—but any body has to have a soul, and I tell you, between you and me, that Mrs. Rolfe is that soul!

It is my privilege, General Price and Dr. Keyes, to accept the William Freeman Snow Award in behalf of Mrs. Rolfe and to thank you for the honor you bestow upon her through your action.

GENERAL PRICE: I am sure we are all disappointed that Mrs. Rolfe couldn’t be here, but we must acknowledge that her charming cousin gives us assurance of what Mrs. Rolfe might have been to us. We are sorry that she couldn’t be here, but very happy that you, Professor Ingleby, could be.

Our hearts at this time go out to the English, and all those who are associated with them. And at this time it is my great pleasure to introduce Miss Mary Craig McGeachy of the British Embassy in Washington. Miss McGeachy, a member of the staff of the British Embassy in Washington, is an authority on the activities of women's movements in Europe. A Canadian by birth, Miss McGeachy has been associated with the League of Nations, and was liaison officer and public relations representative of the British Government in Geneva. She also worked with the international students organizations in Geneva. She is a great friend of Dr. Martha Eliot who at present is abroad with Surgeon General Parran. She is also a friend of General Hugh Cumming, the former head of the United States Public Health Service. Miss McGeachy.



MISS McGEACHY

MISS McGEACHY: General Price, Ladies and Gentlemen: I cannot tell you how very sorry we are that Mrs. Rolfe is not here today to see you and to let you see her. You know, better than I could tell you at least, how much she does deserve this distinction. We in Britain are proud that your Social Hygiene Association has chosen to give its award this year to Mrs. Rolfe—to a person who is working in a field which is so important for defense in Great Britain.

I am not a social hygienist, nor a medical doctor at all, but it has been my privilege to work more or less on the margin of that field in Geneva, and I have seen how Mrs. Rolfe was assisted on her gallant way, in her gallant work, by your people, by Surgeon General Cumming, by Dr. Martha Eliot and by Katharine Lenroot. I know that your award is to her personally simply a way of continuing the kind of support that you people have given her in the gallant battle she has waged against disease on the national and on the international field. That battle she is continuing today, and she is continuing it in Britain where any battle is being conducted

under very difficult circumstances. It is to me personally, and I am sure to everyone in Britain, a matter of great pride that you have sent over your famous social hygienists, Surgeon General Parran and Dr. Eliot, just now. They will be seeing Mrs. Rolfe, perhaps today, and they will see the very difficult circumstances under which she is helping our people carry on their battle against disease.

GENERAL PRICE: Thank you, Miss McGeachy, and thank you, ladies and gentleman. This concludes the medal presentation ceremony, which I am sure you will agree has been an inspiring and important event in which we all are happy to have had a part.

*The luncheon meeting was adjourned.*



*A photograph of Mrs. Rolfe and her two children, made at about the time of her 1924 visit to the United States and Canada.*

## DR. YARROS AND DR. CUMMING RECEIVE HONORARY LIFE MEMBERSHIPS

In addition to the presentation of the *Snow Medal* to Mrs. Rolfe, the *Twenty-eighth Annual Meeting* was the occasion for announcement of special honors conferred on two social hygiene pioneers, Dr. Rachelle S. Yarros of Chicago and Winter Park, Florida, and Dr. Hugh S. Cumming of Washington, D. C. At the recommendation of the *Committee on Award*, Honorary Life Membership was voted unanimously to these outstanding long-time workers in the field of health and family welfare. Brochures bearing photographs of the recipients, and the following tributes written by Dr. Snow, were presented to those attending the *Annual Business Meeting and the Annual Luncheon*:



RACHELLE S. YARROS, M.D.

Physician, educator, university professor, lecturer, author—so read the headings of *Who's Who* publications about Dr. Yarros; and each one carries a long list of appointments, chairmanships and writings of this woman who has done so much for human welfare at home and abroad.

Born in Russia at Berdechev near Kiev, Rachelle Slobodinsky Yarros came to America in the late eighties. From that day to this she has had an ever expanding influence in moulding ideas and ideals of American life. During this time Dr. Yarros with her husband, the distinguished author and journalist, Victor S. Yarros, made nine tours of

Europe and countries in other parts of the world, as delegates and observers of health and welfare conditions.

Doctor Yarros received her medical degree from the Woman's Medical College in Philadelphia at the age of twenty-four, and served

as interne at the New England Hospital for Women and Children in Massachusetts, following this experience with post-graduate studies in pediatrics at the New York Infirmary for Women and Children and the Michael Reese Hospital in Chicago. Her skilful work and boundless energy, and her sympathetic interest in patients as human beings, brought prompt recognition which has grown with the years. She is a member of the American College of Surgeons, the Institute of Medicine of Chicago, and other special medical and scientific societies.

Doctor Yarros was given opportunity to establish one of the earliest teaching clinics in Chicago, and became Associate Professor of Obstetrics in the University of Illinois. Later, as her national and international reputation grew, the University provided a special appointment for her as Professor of Social Hygiene. As a great pioneer in this field, Doctor Yarros has been a national leader and community organizer from the beginning of the movement. As a resident at Hull House and associate of Jane Addams, as the first Chairman of the Social Hygiene Committee of the General Federation of Women's Clubs and its affiliates, as one of the pioneers in establishing the American Social Hygiene Association, as an organizing influence in the Committee of Fifteen, the Juvenile Protective Association and similar bodies, as lecturer for the National Young Women's Christian Association, and as Consultant for the United States Public Health Service and the United States Interdepartmental Social Hygiene Board, and as officer or worker in behalf of many other strong and useful organizations, always and everywhere she has promoted the social hygiene movement.

Public health, economic and social problems, and those of the family, especially in the less privileged groups, have held a major place among her activities. Her establishment of the first pre-marital and marital consultation service under the Social Hygiene League, her book, *Modern Woman and Sex*, and her efforts in behalf of birth control as a necessary part of medical advice and care when needed, are evidences of her abiding interest in better health and human relations.

There is no opportunity in this resumé to list her many books and writings. They will be found in every library. Nor is there opportunity for the tributes one would like to pay Dr. Yarros, the woman and the friend of so many of her fellow citizens who have been inspired and encouraged by her advice and example.

The Committee makes this award of Honorary Life Membership in the American Social Hygiene Association as a recognition of service to humanity and as a token of the affectionate esteem in which Rachelle S. Yarros is held by her fellow Americans.

W. F. S.

Surgeon General Hugh S. Cumming, United States Public Health Service. Such is the title by which this outstanding leader in the field of public health and medicine is most widely known. The biographical facts of his long and brilliant career are to be found in all the libraries of science, medicine and public health. They tell of his tours of duty in the Orient, in Europe, in other far places, and at home. They record his studies of sanitation, his influence on public health services of our states and nation. They list the commissions on which he has served and the honors bestowed by grateful peoples.



HUGH S. CUMMING, M.D., Sc.D., LL.D.

But these do little more than sketch Hugh Cumming, the administrator, the statesman, the scientist skilled and eager in research. They do not describe the man and the warm friendship and teamwork which have characterized his relations with all his associates in the public service and in the communities of which he has been a resident. Nor do they cover his activities in support of voluntary agencies in special fields of health and welfare such as social hygiene.

Dr. Cumming was born in Hampton, Virginia, August 17th, 1869, received his medical degree from the University of Virginia in 1894, joined the Public Health Service the same year, and married Lucy Booth of Carter Grove, Virginia, 1896. Since then Dr. and Mrs. Cumming and their children have lived and worked in every part of the United States and in most other countries, serving with distinction the cause of public health and community welfare.

No better illustration could be given of President Charles W. Eliot's concept of the family and its high place in American life, for the recognition of which he labored so earnestly as the first President of the American Social Hygiene Association.

This Association is one among many voluntary national agencies, to which Dr. and Mrs. Cumming have found time to give aid and counsel through the years. In 1917, while Dr. Cumming was on duty with the Navy as Adviser in Sanitation, he promoted the new venerable

disease control program, and served as a member of the Association's national committee which sponsored the establishment of the United States Interdepartmental Social Hygiene Board. Later in Europe and as a member of the distinguished international group of health authorities assembled for the Cannes Conference in 1919. Dr. Cumming served, with officers of this Association, to draw up plans for the international attack on venereal diseases. These activities led to the venereal disease studies and programs of the League of Red Cross Societies, the League of Nations Health and Social Sections, and the International Union for Combatting the Venereal Diseases. When Dr. Cumming became Surgeon General of the Public Health Service in 1920, he continued his support of all these activities and the Division of Venereal Diseases.

In the field of voluntary action, Dr. Cumming has served on the National Health Council. Throughout the sixteen years of his administration as Surgeon General, the American Social Hygiene Association had the privilege of working closely with him and his officers. When his request for retirement was granted in 1936, the friends of the social hygiene movement were delighted to find that, not only were they to have as his successor Dr. Thomas Parran, but they were also to have the continued cooperation and encouragement of Dr. Cumming at their advisory council table. As Director of the Pan-American Sanitary Bureau, as a member of the Permanent Committee of the International Office of Public Health, and as consultant of many other official and voluntary agencies concerned with activities related to the field of social hygiene, Dr. Cumming continues his friendly liaison activities and influence.

"Time marches on" and carries with it to Dr. Hugh S. Cumming the best wishes of the officers, members, and staff of the American Social Hygiene Association for happiness and continued service to humanity, in recognition of which this *Honorary Life Membership* in the Association is awarded.

W. F. S.

## THE FIVE REGIONAL CONFERENCES

As indicated in the following programs, the five regional conferences followed the same general theme of Social Hygiene and National Defense, with representatives of the Army, Navy, and Public Health Service and other official agencies joining with voluntary groups in practical discussions of ways and means to protect the armed forces and defense industrial workers from syphilis and gonorrhoea. The number and variety of state and local sponsoring agencies were both extensive and comprehensive. The programs, with additional notes on attendance, are given here in detail, as a matter of record and for future reference.

### NEW YORK CONFERENCE

*Time and place:* February 5, Hotel Astor; *Attendance:* 5,000.

*Local auspices:* Social Hygiene Committee, New York Tuberculosis and Health Association, and eighty-eight sponsoring agencies:

American Association of Medical Social Workers, North Atlantic District; American Association of Social Workers; American Eugenics Society; American Prison Association; American Red Cross—Brooklyn Chapter; American Red Cross—New York Chapter; American Social Hygiene Association; Association for the Aid of Crippled Children; Big Brother Movement; Boy Scouts of America; Boys' Clubs of America; Bronx Council of Social Agencies; Bronx County Society for the Prevention of Cruelty to Children; Brooklyn Association for Improving the Condition of the Poor; Brooklyn Bureau of Charities; Brooklyn Juvenile Protective Association; Brooklyn Society for the Prevention of Cruelty to Children; Brooklyn Tuberculosis and Health Association; Bureau of Marriage Counsel; Camp Fire Girls of Greater New York; Child Study Association of America; Children's Aid Society; Children's Welfare Federation; Citizens Committee on the Control of Crime in New York; Committee on Neighborhood Health Development; Community Service Society of New York; Coordinating Council of the Five County Medical Societies; Educational Alliance; Edwin Gould Foundation for Children; Family Adjustment Society of Queensboro; Girls' Friendly Society of the United States of America; Girls' Service League of America; Greater New York Federation of Churches; Greater New York Hospital Association; Henry Street Settlement; Henry Street Visiting Nurse Service; Institute of Family Relations; Inwood House; Jewish Board of Guardians; Jewish Family Welfare Society; Jewish Social Service Association; Manhattan Council of Girl Scouts; Maternity Center Association; National Association of Day Nurseries; National Committee for Mental Hygiene; National Committee on Maternal Health; National Council of Camp Fire Girls; National Council of Women; National Council of the Young Men's Christian Associations; National Girls' Work Council; National Health Council; National Organization for Public Health Nursing; National Probation Association; National Society for the Prevention of Blindness; National Travelers Aid Association; New York Academy of Medicine; New York Association for the Blind; New York City Board of Child Welfare; New York City Department of Correction; New York City Department of Health; New York City Department of Hospitals; New York City Department of Welfare; New York City Juvenile Aid Bureau, Police Department; New York Counties Registered Nurses Association; New York Metropolitan Section—Jewish Welfare Board; New York Society for the Prevention of Cruelty to Children; New York Society for the Suppression of



Vice; New York State Commission for the Blind; New York State Conference on Marriage and the Family; New York State Department of Health; New York State Department of Social Welfare; Prison Association of New York; Public Health Association of New York City; Queensboro Society for the Prevention of Cruelty to Children; Queensboro Tuberculosis and Health Association; Richmond County Society for the Prevention of Cruelty to Children; Salvation Army; State Charities Aid Association; Travelers Aid Society; United Neighborhood Houses of New York; United Parents Associations of New York City; United States Public Health Service; Visiting Nurse Association of Staten Island; Welfare Council of New York City; Women's City Club; Women's Prison Association of New York; Young Men's Christian Association, Brooklyn and Queens, Central Branch; Young Women's Christian Association.

## *Program*

### Morning Sessions—10:00 A.M.

*(the four sessions were held simultaneously)*

**Subject:** *Veneral Disease and Mobilization of Industry*

(Session sponsored by the Committee on Public Health Relations of  
The New York Academy of Medicine)

**Presiding:** DR. W. BAYARD LONG, Chairman, Social Hygiene Committee, New York Tuberculosis and Health Association

#### Speakers

*Criteria for Diagnosis of Syphilis*, DR. LEWIS B. ROBINSON, Assistant Clinical Professor of Dermatology, College of Physicians and Surgeons

*Criteria for Diagnosis of Gonorrhea*, DR. HOWARD S. JECK, Visiting Surgeon-in-Charge, Department of Urology, Bellevue Hospital

*Prophylaxis of Venereal Disease*, DR. C. C. PIERCE, Medical Director, District No. 1, United States Public Health Service

*Community Policy for Venereal Disease Treatment in Small Towns and Rural Communities*, DR. HAVEN EMERSON, Professor Emeritus of Public Health Practice, Columbia University

*Responsibility of Industry in Venereal Disease*, DR. A. J. LANZA, Chairman, Industrial Hygiene Committee, New York Tuberculosis and Health Association

**Subject:** *Staff Responsibilities in Venereal Disease Clinics*

**Presiding:** DR. CLAUDE W. MUNGER, Director, St. Luke's Hospital

#### Speakers

*Medicine*, DR. THEODORE ROSENTHAL, Director, Bureau of Social Hygiene, New York City Department of Health; DR. WILLIAM A. BRUMFIELD, JR., Director, Division of Syphilis Control, New York State Department of Health

*Nursing*, MISS ELSIE PALMER, Director of Nursing Service, Fordham Hospital

*Social Service*, MISS ELEANOR BARNES, Director of Social Service, New York University Clinic

#### Discussion

MRS. EDITH G. SELTZER, Consultant in Medical Social Work, United Hospital Fund; MISS MARY K. THOMAS, Supervisor, Out-Patient Department, St. John's Hospital, Brooklyn; MISS RAY LOUISE SCOTT, Medical Social Worker, New York City Department of Welfare

**Subject:** *Staff Education in Social Hygiene*

**Presiding:** DR. STANLEY P. DAVIS, Executive Director, Community Service Society of New York

**Speakers**

*Preparation of Physicians*, DR. HOWARD FOX, Professor Emeritus of Dermatology and Syphilology, New York University College of Medicine

*Nursing Education*, MISS AMELIA H. GRANT, Director, Bureau of Nursing, New York City Department of Health; MISS MARY ELLEN MANLEY, Director, Division of Nursing, New York City Department of Hospitals

*Education of Medical Social Workers*, MISS M. ANTOINETTE CANNON, Faculty, New York School of Social Work

**Discussion**

MISS MARGARET ARNSTEIN, District Supervising Nurse, New York State Department of Health; MISS RUTH FREEMAN, Instructor in Education, New York University; MISS CATHERINE W. PURCELL, Instructor, Medical Social Work, Fordham University School of Social Service

**Subject:** *Motion Pictures for Technical and Popular Education*

**Presiding:** DR. DONALD B. ARMSTRONG, Chairman, Health Education Service, New York Tuberculosis and Health Association

—The following films were shown:—

“NEUROSYPHILIS”—(United States Public Health Service)  
Commentator—DR. R. C. ARNOLD, Past Assistant Surgeon, United States Public Health Service

“LABORATORY TESTS”—(New York City Department of Health)  
Commentator—DR. HERMAN GOODMAN, Assistant Director in Charge of Education and Epidemiology, Bureau of Social Hygiene, New York City Department of Health

Excerpts from: “DEAD END”—(United Artists); “ANIMAL KINGDOM”—(R.K.O.); “THE LAST OF THE PAGANS”—(Metro-Goldwyn-Mayer)

(These films are shown through the courtesy of the Progressive Education Association, Committee on Human Relations)

Commentator—DR. ALICE V. KELHER, Assistant Professor of Education, New York University

**Luncheon Session—12:30 P.M.**

**Presiding:** DR. I. OGDEN WOODRUFF, President, New York Tuberculosis and Health Association

*Progress of Social Hygiene in 1940*, DR. LONG, Chairman

*Social Hygiene and National Defense*, COLONEL FRANK W. WEED, Medical Corps, Surgeon, United States Army, Headquarters, First Army; CAPTAIN ERNEST W. BROWN, Medical Corps, United States Navy, Chief of Medical Division, Navy Yard, New York, N. Y.

**Afternoon Sessions—3:15 P.M.**

(the four sessions were held simultaneously)

**Subject:** *Recent Advances in Venereal Disease Therapy*

(Session sponsored by the Coordinating Council of the Five County Medical Societies)

**Presiding:** DR. DAVID J. KALISKI, Syphilologist, Beth Israel Hospital

**Speakers**

*Five Day Treatment for Syphilis*, DR. LOUIS CHARGIN, Associate Professor of Dermatology and Syphilology, Skin and Cancer Unit, Columbia University

*Fever Therapy*, DR. MADGE C. L. MCGUINNESS, Director of Physical Medicine, Lenox Hill and Misericordia Hospitals

*Sulfanilamide and Allied Drugs, including Sulfathiazol*, DR. CLARENCE G. BANDLER, Attending Urologist, New York Post-Graduate Medical School and Hospital; DR. JOHN F. MAHONEY, Director, Venereal Disease Research Laboratory, United States Marine Hospital, Stapleton, S. I.

#### Discussion

DR. EVAN W. THOMAS, Assistant Professor of Dermatology and Syphilology, New York University College of Medicine; DR. BRUCE WEBSTER, Assistant Professor of Medicine, Cornell University Medical School; DR. ROY B. HENLINE, Urologist, New York Hospital-Cornell Medical Center

**Subject:** *Premarital Guidance: What Should it Include?*

**Presiding:** DR. HELEN JUDY BOND, Head of Department of Household Arts and Sciences, Columbia University

#### Speakers

*Biological and Psychological Aspects*, DR. A. A. BRILL, Psychiatrist

*Economic Aspects*, DR. JESSIE V. COLES, Visiting Associate Professor, Home Economics Department, New York University

*Religious and Ethical Aspects*, DR. SIDNEY E. GOLDSTEIN, Chairman, New York State Conference on Marriage and the Family

*Legal and Social Aspects*, HON. LAWRENCE B. DUNHAM, Justice, Domestic Relations Court

#### Discussion

DR. JANET FOWLER NELSON, National Board of the Young Women's Christian Association; DR. RALPH P. BRIDGMAN, Dean of Students, Brooklyn College; DR. MABEL G. LESHNER, Chairman, Education Committee, New Jersey Social Hygiene Association

**Subject:** *Some Important Aspects of Delinquency*

**Presiding:** HON. WILLIAM R. BAYES, Chief Justice, Court of Special Sessions

#### Speakers

*Some Fundamental Problems of Delinquency*, MR. W. P. BEAZELL, Executive Director, Citizens Committee on the Control of Crime in New York

*Prostitution*, HON. ANNA M. KROSS, Justice, Magistrates' Court

*Salacious Literature*, MR. JOHN S. SUMNER, Secretary, New York Society for the Suppression of Vice

*Housing*, MR. LESTER B. GRANGER, Assistant Executive Secretary, Department of Industrial Relations, National Urban League

#### Discussion

HON. JOHN H. MORRIS, Sixth Deputy Police Commissioner, New York City Police Department; MR. PATRICK J. SHELLY, Chief Probation Officer, Magistrates' Court; MR. CHARLES H. WARNER, Superintendent, Brooklyn Society for the Prevention of Cruelty to Children

**Subject:** *Personality Development of Youth: A Bulwark in Sex Adjustment*

**Presiding:** DR. CHARLES MAXWELL MCCONN, Dean, Washington Square College of Arts and Sciences, New York University

#### Speakers

DR. MARGARET MEAD, Assistant Curator of Ethnology, American Museum of Natural History; DR. LEON H. CORNWALL, Associate Professor of Clinical Neurology, College of Physicians and Surgeons; DR. ELIAS LIEBERMAN, Associate Superintendent of Schools, New York City Board of Education

## Discussion

PROF. FREDERIC A. WOLL, Chairman, Department of Hygiene, College of the City of New York; DR. ALEXANDER R. MARTIN, Director, Department of Personal Relationships, Children's Aid Society; PROF. ROBERT A. LOVE, Assistant Director, Evening Session, College of the City of New York

## PHILADELPHIA CONFERENCE

*Time and place:* February 6, Hotel Bellevue-Stratford.

*Attendance:* 600.

*Local auspices:* Philadelphia Health Council and Tuberculosis Committee, Philadelphia Committee on Social Hygiene Day, and ninety-eight state and local sponsoring agencies, as follows:

American Red Cross, Southeastern Pennsylvania Chapter; Armstrong Association of Philadelphia; Associated Hospital Service of Philadelphia; Associated Talmud Torahs of Philadelphia; Association for Jewish Children of Philadelphia; Association of Philadelphia Settlements; Baby Welfare Association of Philadelphia; The Babies Hospital of Philadelphia, Inc.; Baptist Institute for Christian Workers; Broad Street Hospital; Calvary Settlement; Chestnut Hill Hospital; Children's Aid Society of Pennsylvania; Children's Bureau of Philadelphia; Church Mission of Help; Civilian Conservation Corps, Philadelphia County Board of the Pennsylvania Department of Public Assistance; Community Health Center; Council of Social Agencies; Department of Public Health and Preventive Medicine, University of Pennsylvania; Division of Medical Inspection, Philadelphia Board of Public Education; Episcopal Hospital; Family Society of Philadelphia; Federation of Jewish Charities of Philadelphia; Florence Crittenton Home of Philadelphia; Frankford Hospital; Frederick Douglass Memorial Hospital; General Health Council of Pittsburgh and Allegheny County; Germantown Hospital; Graduate Hospital of the University of Pennsylvania; Hahnemann Medical College School of Medicine; Harrisburg Social Hygiene Committee, Tuberculosis and Health Society of Harrisburg and Dauphin County; Health Committee, Philadelphia Chamber of Commerce; Henry Phipps Institute; Hospital of the University of Pennsylvania; Hospital of the Woman's Medical College of Pennsylvania; Inner Mission Society of the Evangelical Lutheran Church; Interdenominational Community Mothers' Councils of Philadelphia and Vicinity; Jefferson Medical College School of Medicine; Jewish Hospital; Jewish Welfare Society; Junior Chamber of Commerce; Lancaster Law and Order Society; Lankenau Hospital of Philadelphia; Luzerne County Social Hygiene Society; Marriage Counsel of Philadelphia; Memorial Hospital; Mercy Hospital and School for Nurses; Methodist Hospital; Mt. Sinai Hospital; Municipal Court of Philadelphia; National Youth Administration; Pennsylvania Birth Control Federation; Pennsylvania Council of Churches; Pennsylvania Department of Labor and Industry; Pennsylvania Hospital; Pennsylvania Pharmaceutical Association; Pennsylvania Public Health Association; Pennsylvania School of Social Work; Pennsylvania State Nurses' Association, District Association No. 1; Philadelphia Association of Retail Druggists; Philadelphia Child Guidance Clinic; Philadelphia Child Health Society; Philadelphia Committee for Prevention of Blindness; Philadelphia Council of Christian Education; Philadelphia County Council of Home and School Associations; Philadelphia County Federation of Women's Clubs; Philadelphia County Medical Society; Philadelphia Department of Public Health; Philadelphia Federation of Churches; Philadelphia Federation of Women's Clubs; Philadelphia General Hospital; Philadelphia Heart Association; Philadelphia Mouth Hygiene Association; Philadelphia Protestant Episcopal City Mission; Pittsburgh Syphilis Control Program; Playground and Recreation Association of Philadelphia; Presbyterian Hospital; Public Charities Association of Pennsylvania; Reading Social Hygiene Committee; St. Luke's and Children's Hospital; St. Mary's Hospital; Seamen's Church Institute of Philadelphia; Sheltering Arms of the Protestant Episcopal Church of the City of Philadelphia; Sleighton

Farm School for Girls; Student Health Service, University of Pennsylvania; Temple University School of Medicine; The Hospital Association of Pennsylvania; Travelers Aid Society of Philadelphia; Visiting Nurse Society of Philadelphia; West Philadelphia Jewish Community Center; White-Williams Foundation; Woman's Christian Alliance; Woman's Hospital of Philadelphia; Young Men's Christian Association of Germantown; Young Men's Christian Association of Philadelphia; Young Women's Christian Association of Germantown; Young Women's Christian Association of Philadelphia; Young Men's and Young Women's Hebrew Association of Philadelphia.

#### THE PHILADELPHIA COMMITTEE ON SOCIAL HYGIENE DAY

*Honorary Chairman:* Mayor R. E. Lamberton, *Chairman:* Major-General William G. Price, Jr., Captain A. H. Allen, Robert N. Arndt, Rev. George Emerson Barnes, Arthur Bloch, Dr. Edward L. Bortz, Dr. William W. Comfort, Mrs. F. VanBuren Connell, George S. Derry, Jr. Dr. Edgar S. Everhart, Miss Lillian Gest, Dr. Robert L. Gilman, Dr. Charles J. Hatfield, Lester C. Haworth, Dr. Samuel Leopold, Major James B. Mason, Mrs. William H. Monroe, Dr. Hubley R. Owen, Mrs. C. Fred Rau, Dr. John J. Shaw, Mrs. Francis R. Strawbridge, Robert C. Taber, I. E. Willis.

### Program

#### Morning Session—9:30 A.M.

**Subject:** *How the Government Protects Soldiers, Sailors and Workers in Defense Industries from Syphilis and Gonorrhoea*

**Presiding:** JOHN J. SHAW, M.D., Secretary of Health, State of Pennsylvania

#### Greetings

HUBLEY R. OWEN, M.D., Director, Philadelphia Department of Public Health

#### Speakers

CAPTAIN LUTHER SHELDON, JR., (MC) U. S. Navy

LIEUTENANT-COLONEL A. PARKER HITCHENS, M.D., U. S. Army

MILLARD C. HANSON, M.D., DR. P.H., Director, Pittsburgh Syphilis Control Program

**Discussion Leaders:** NORMAN R. INGRAHAM, JR., M.D., Director, Philadelphia Venereal Disease Control Program; COLONEL LYNN G. ADAMS, Commissioner of Motor Police, State of Pennsylvania

**Summary:** ROBERT L. GILMAN, M.D., Chairman, Commission on the Control of Syphilis and Venereal Diseases, Pennsylvania State Medical Society

#### Luncheon Session—12:30 P.M.

*Annual Meeting—American Social Hygiene Association*

#### Presiding

MAJOR GENERAL WILLIAM G. PRICE, JR., U. S. Army, Chairman, Pennsylvania Anti-Syphilis Committee; and Chairman, Philadelphia Committee on Social Hygiene Day

#### Address

*The Protection of Defense Industrial Workers from Syphilis and Gonorrhoea*

WARREN F. DRAPER, M.D., Acting Surgeon General, United States Public Health Service

*Award of William Freeman Snow Medal for Distinguished Service to Humanity to* MRS. SYBIL NEVILLE-ROLFE, Secretary General, British Social Hygiene Council, London

*Presentation by* EDWARD L. KEYES, M.D., Honorary President, American Social Hygiene Association

**Afternoon Session—3:30 P.M.**

**Subject:** *The Citizen's Part in Protecting Soldiers, Sailors and Industrial Workers from Syphilis and Gonorrhoea*

**Presiding:** ESMOND R. LONG, M.D., Executive Director, Henry Phipps Institute

**Speakers**

DANIEL A. POLING, D.D., President, International Society and World Union of Christian Endeavor

MRS. CHARLES R. RIDDINGTON, 1st Vice-President at Large, Pennsylvania Federation of Women's Clubs

JAMES WOODROW CLARK, M.D., Special Assistant to the Director, Division of Medical Inspection of Public Schools, Philadelphia

PHILIP R. MATHER, Chairman, Committee on National Defense Activities, American Social Hygiene Association

**Discussion Leaders:** P. S. PELOUZE, M.D., Professor of Urology, University of Pennsylvania; EDGAR S. EVERHART, M.D., Chief, Venereal Disease Division, Pennsylvania Department of Health

**Summary:** WILLIAM F. SNOW, M.D., Chairman, Executive Committee, American Social Hygiene Association

**ST. LOUIS CONFERENCE**

*Time and place:* February 5, Hotel Coronado; *Attendance:* 1,100.

*Local auspices:* Missouri Social Hygiene Association, St. Louis Committee on Social Hygiene Day, and one hundred state and local sponsoring agencies, as follows:

Academy of Science of St. Louis; Adult Education Council of Greater St. Louis; Alexian Brothers Hospital; American Association of Medical Social Workers, Missouri District; American Red Cross, St. Louis Chapter; American Society for the Control of Cancer, St. Louis Committee; Board of Religious Organizations; Barnard Free Skin and Cancer Hospital; Barnes Hospital; Bar Association of St. Louis; Bethesda General Hospital; Big Brother Organization; Big Sisters Organization, Inc.; Board of Children's Guardians, St. Louis; Boys' Club of St. Louis; Business and Professional Women, St. Louis League; Caroline Mission; Catholic Woman's League; Child Conservation Conference, Inc.; Children's Home Society of Missouri; Christian Hospital of St. Louis; College Club of St. Louis (American Association of University Women); Chamber of Commerce of St. Louis, Young Men's Division; Department of Social Service, Washington University Clinics and Allied Hospitals; Department of Instruction, St. Louis Public Schools; Department of Medical Social Service, University Hospital (St. Louis University); Ethical Society of St. Louis; Evangelical Deaconess Hospital; Family Service Society of St. Louis County; Firmin Desloge Hospital; General Council on Civic Needs; Group Hospital Service, Inc.; Hospital Council of St. Louis; Hospital Division, Department of Public Welfare, St. Louis; Health Division, Department of Public Welfare, St. Louis; International Institute; Jefferson Barracks; Jewish Aid Society; Jewish Hospital; Kiwanis Club of North St. Louis; Knights of Columbus, St. Louis Chapter; Lutheran Children's Friend Society; Lutheran Hospital; Maternal Health Association of Missouri; Metropolitan Church Federation; Missouri Baptist Hospital; Missouri Council of Churches; Missouri Federation of Women's Clubs, 8th District; Missouri School for the Blind; Missouri Society for Crippled Children; Missouri State Employment Service; Missouri State Intermediate Reformatory; Missouri State Medical Association; Missouri State Nurses' Association, 3rd District; Missouri Tuberculosis Association; Missouri Welfare League; N. Y. A. (National Youth Administration), St. Louis; National Council of Jewish Women, St. Louis Section; Neighborhood Association; Panhellenic Association of St. Louis; Park and Playground Association; Patrons' Alliance, St. Louis Public Schools; People's Hospital;

Safety Council, St. Louis; St. John's Hospital; St. Louis Bureau for Men; St. Louis Children's Hospital; St. Louis Chamber of Commerce Charities Bureau; St. Louis Children's Aid Society; St. Louis Council of Parent-Teacher Associations; St. Louis County Day School; St. Louis County Chamber of Commerce; St. Louis County Hospital; St. Louis County Medical Society; St. Louis Dental Society; St. Louis League for the Hard of Hearing; St. Louis Maternity Hospital; St. Louis Medical Society; St. Louis Provident Association; St. Louis Rotary Club; St. Louis Society for the Blind; St. Mary's Hospital; Sisters of St. Mary, St. Mary's Hospital; Social Service Club, St. James African Methodist Episcopal Church; Social Planning Council of St. Louis; State Board of Health of Missouri; The Salvation Army; The Wednesday Club of St. Louis; United Charities, Inc.; University City Rotary Club; Urban League of St. Louis; Veterans' Welfare Association; Visiting Nurse Association; Wesley House; Womens' Chamber of Commerce of St. Louis; Women's Alliance of First Unitarian Church; Young Men's Christian Association; Young Men's Hebrew Association; Young Women's Christian Association; Young Women's Hebrew Association.

#### MEMBERS OF THE ST. LOUIS COMMITTEE ON SOCIAL HYGIENE DAY

*Honorary Chairman:* Honorable Bernard F. Dickmann, Mayor of St. Louis; *Chairman:* Harriet S. Cory, M.D., Executive Director, Missouri Social Hygiene Association; Dr. Homer W. Anderson, Superintendent of Public Schools; D. W. Brock, D.D.S., St. Louis Dental Society; Lt.-Col. Harrington W. Cochran, R.O.T.C., Washington University; Mrs. Elkin Franklin, President, St. Louis Archdiocesan Council of Catholic Women; Rabbi Julius Gordon, Temple Shaare Emeth; Hubert W. Humpert, President, Young Men's Division, St. Louis Chamber of Commerce; Mrs. A. J. Krueger, President 8th District Missouri Federation of Women's Clubs; Joseph C. Peden, M.D., President, St. Louis Medical Society; Llewellyn Sale, M.D., President, Social Planning Council of St. Louis; Mrs. William S. Schwab, President, St. Louis Section, National Council of Jewish Women; Rev. Alphonse M. Schwitalla, S. J., Dean, St. Louis University School of Medicine; Dr. Philip A. Shaffer, Dean, Washington University School of Medicine; Rev. C. Q. Smith, D.D., Metropolitan Church Federation of St. Louis; Mrs. A. H. Toma, President, St. Louis Council of Parent-Teacher Associations; Richard S. Weiss, M.D., President, Missouri Social Hygiene Association.

### *Program*

#### **Morning Session—9:30 A.M.**

**Subject:** *How the Government Protects Soldiers, Sailors and Workers in Defense Industries from Syphilis and Gonorrhoea*

**Presiding:** DAVID ELLIOT, M.D., District Venereal Disease Control Officer, United States Public Health Service, Chicago, Illinois

#### **Speakers**

LT.-COL. EUGEN G. REINARTZ, United States Army Medical Corps, Scott Field, Illinois

CAPTAIN C. S. STEVENSON, Division of Preventive Medicine, United States Navy, Washington, D. C.

R. A. VONDERLEHR, M.D., Assistant Surgeon General in charge of Venereal Disease Service, United States Public Health Service, Washington, D. C.

**Discussion Leaders:** ROBERT H. RIEDEL, M.D., Director, Division of Venereal Diseases, Kansas State Board of Health; SERGEANT THOMAS J. MORAN, Parole Office, Police Headquarters, St. Louis

**Summary:** \* PAUL J. ZENTAY, M.D., First Vice-President, Missouri Social Hygiene Association

#### **Luncheon Session—12:30 P.M.**

*Annual Meeting—Missouri Social Hygiene Association*

**Presiding:** \* R. S. WEISS, M.D., President, Missouri Social Hygiene Association

\* Member of the Board of Directors, Missouri Social Hygiene Association.

**Brief Annual Business Meeting**

*Evaluation of the Operation of the New Venereal Disease Ordinance in St. Louis*

\* G. O. BROUN, M.D., Chairman, Venereal Disease Ordinance Committee, Missouri Social Hygiene Association

**Syphilis and Wars**

MAJOR BASCOM JOHNSON, Associate Director in Charge of Legal and Protective Activities, American Social Hygiene Association

**Premarital Legislation**

WILLIAM L. WEISS, Chairman, Public Health Committee, Missouri State Junior Chamber of Commerce

**Prenatal Legislation**

\* HARRIET S. CORY, M.D., Executive Director, Missouri Social Hygiene Association

**Afternoon Session—3:30 P.M.**

**Subject:** *The Citizen's Part in Protecting Soldiers, Sailors and Industrial Workers from Syphilis and Gonorrhea*

**Presiding:** \* ALPHONSE M. SCHWITALLA, S.J., Dean, St. Louis University School of Medicine

**Speakers**

\* ROGERS M. DEAKIN, M.D., Special Consultant, United States Public Health Service

\* GEORGE E. SIMMONS, Secretary for Program and Personnel, Young Men's Christian Association

\* THE REV. TRUMAN B. DOUGLASS, D.D., Minister, Pilgrim Congregational Church  
AIMEE ZILLMER, Social Hygiene Chairman, National Congress of Parents and Teachers and Social Hygiene Lecturer, Wisconsin State Board of Health

**Discussion Leaders:** EDWARD P. HELLER, M.D., Kansas City; R. H. B. THOMPSON, Head Master, Country Day School; NORMAN KNOWLTON, Works Manager, Mallinckrodt Chemical Works; MRS. A. J. KRUGER, President, 8th District Missouri Federation of Women's Clubs

**NEW ORLEANS CONFERENCE**

*Time and place:* February 5, Jung Hotel; *Attendance:* 500.

*Local auspices:* New Orleans Social Hygiene Association, the New Orleans Committee on Social Hygiene Day, and forty-five state and local sponsoring agencies, as follows:

Acadia Parish Health Unit; American Legion, First District; American Legion Auxiliary, Louisiana Department; American Red Cross, New Orleans Chapter; Associated Catholic Charities of New Orleans; Association of Commerce of New Orleans; Caddo Council of Social Agencies; Catholic Women's Club; Child Welfare and Community Health Association; DeSoto Parish Health Unit; District 8B Louisiana, Lions International; Division of Home Economics Education, State Department of Education; E. Carroll Parish Health Unit; Family Service Society; Grand Grove of Louisiana, U.A.O.D.; Judge William Harper, Governor, 139th Dist., Rotary International; Junior Chamber of Commerce of New Orleans; Knights of Columbus, New Orleans Council 714; Louisiana Library Commission; Louisiana Public Health Association; Louisiana Society for Prevention of Blindness; Louisiana State Board of Health; Louisiana State Department of Education; Louisiana State Department of Public Welfare; Louisiana State Medical Society; Louisiana State Pharmaceutical Association; Louisiana State University School of Medicine; New Orleans Chapter, American Association of University Women;

\* Member of the Board of Directors, Missouri Social Hygiene Association.



New Orleans City Board of Health; New Orleans Council of Church Women; New Orleans Section, National Council of Jewish Women; Protestant Ministerial Union; Red River Parish Health Unit; St. Martin Parish Health Unit; St. Mary Parish Health Unit; Salvation Army; Shreveport Charity Hospital; Social Hygiene Committee of Louisiana Parent-Teacher Association; Tuberculosis and Public Health Association of Louisiana; Tulane University School of Medicine; Tulane Y.M.C.A.; United States Children's Bureau, Southern Regional Office; Webster Parish Health Unit; Young Men's Christian Association; Young Men's and Young Women's Hebrew Association.

#### THE NEW ORLEANS COMMITTEE ON SOCIAL HYGIENE DAY

*Honorary Chairman:* John H. Musser, M.D., *Chairman:* Ralph E. Boothby, *Secretary:* Mrs. William Haller, Jr., G. C. Anderson, M.D., J. M. Batchelor, M.D., Mr. Nicholas Bauer, B. I. Burns, M.D., C. Grenes Coles, M.D., Mrs. L. T. Ellis, Rabbi Julian Feibelman, Brig.-Gen. R. H. Fleming, Mr. Richard Foster, Mr. Verbon Gay, Rev. H. J. Jacobi, Miss Carmelite Janvier, Rev. J. S. Land, Maxwell Lapham, M.D., Miss Louise Meyer, Col. Allison Owen, W. H. Perkins, M.D., A. B. Price, M.D., Miss Mary Raymond, Mr. Atwood Rice, Mr. Philip Schiff, Mr. George Schneider, Mrs. Roger Sharp.

### Program

#### Morning Session—9:30 A.M.

**Subject:** *How the Government Protects Soldiers, Sailors and Workers in Defense Industries from Syphilis and Gonorrhea*

**Presiding:** JOHN H. MUSSER, M.D., Director, Louisiana State Board of Health

#### Speakers

COLONEL W. H. DEAR, United States Army  
LIEUTENANT F. R. LANG, (MC) United States Navy  
SENIOR SURGEON LOUIS L. WILLIAMS, M.D., United States Public Health Service

**Discussion Leader:** GEORGE W. MCCOY, M.D., Professor of Preventive Medicine and Public Health, Louisiana State University Medical School

**Summary:** WILLIAM H. PERKINS, M.D., President, Tuberculosis and Public Health Association of Louisiana; Chairman, Social Hygiene Committee, Louisiana State Parent-Teacher Association

#### Luncheon Session—12:30 P.M.

**Subject:** *National Defense and the Broad Social Hygiene Program*

**Presiding:** MR. NICHOLAS BAUER, Superintendent, Orleans Parish School Board

**Speaker:** THOMAS A. STOREY, M.D., Special Consultant, American Social Hygiene Association, Professor Emeritus of Hygiene and Physical Education, Stanford University

Showing of the talking motion picture *With These Weapons—the Story of Syphilis*

#### Afternoon Session—2:30 P.M.

**Subject:** *The Community's Part in Protecting Soldiers, Sailors and Industrial Workers from Syphilis and Gonorrhea*

**Presiding:** DR. JOHN M. FLETCHER, Professor Emeritus of Psychology, Tulane University

#### Speakers

*Laws and Law-enforcement,* DR. HARRIET S. DAGGETT, LL.D., J.S.D., Professor of Civil Law, Louisiana State University Law School

*Recreation—Health and Morale Builder*, MAJOR W. HERBERT BARTLETT, New Orleans Salvation Army; Chairman, Committee on Recreation Needs for Service Men, Council of Social Agencies of New Orleans

*Syphilis and Industry*, GEORGE SCHNEIDER, New Orleans Association of Commerce

**Discussion Leaders:** GILBERT C. ANDERSON, M.D., Past President, Orleans Parish Medical Society; MISS CARMELITE JANVIER, Director of Special Services, New Orleans Parish Schools

## LOS ANGELES CONFERENCE

*Time and place:* February 5, University of Southern California Campus; *Attendance:* 500.

*Local auspices:* The Los Angeles Committee on Social Hygiene Day, and fifty-two state and local sponsoring agencies, as follows:

All Nations Foundation; American Institute of Family Relations; American Social Hygiene Association; Big Sister League; Boy Scouts of America, Metropolitan Area Council; California Babies Hospital; California Church Federation; California State Department of Public Health, Bureau of Venereal Diseases; California State Nurses' Association, Inc., District Number 5; California Tuberculosis Association; Catholic Welfare Bureau of Los Angeles; Cedars of Lebanon Hospital; Child Guidance Clinic of Los Angeles and Pasadena; Children's Home Society of California; Church Federation of Los Angeles; Department of Education, Vocational Rehabilitation; El Retiro School for Girls; Family Welfare Association of Los Angeles; Federation of Jewish Welfare Organizations; Florence Crittenton Home; Good Hope Hospital Association; Hollywood Studio Club; Jewish Big Brothers' Association; Jewish Centers Association; Jewish Committee for Personal Service; Jewish Consumptive and Ex-Patients Relief Association; Jewish Social Service Bureau; Los Angeles City Health Department; Los Angeles Community Welfare Federation; Los Angeles County Federation of Women's Clubs; Los Angeles County Health Department; Los Angeles County Probation Committee; Los Angeles County Tuberculosis and Health Association; Los Angeles Girls' Council; Los Angeles Junior Chamber of Commerce; Los Angeles Tuberculosis and Health Association; Los Angeles Urban League; Mothers' Educational Center Association; Mount Sinai Hospital and Clinic; Parent-Teachers Association; Plaza Community Center; Ruth Home; Seamen's Church Institute of Los Angeles; Southern California Retail Druggists Association; State Relief Administration of Los Angeles; United States Public Health Service; University of Southern California School of Social Work; Volunteers of America; White Memorial Hospital Y.M.C.A. of Los Angeles; Y.M.C.A. of U.C.L.A.; Y.W.C.A. of Los Angeles.

### THE LOS ANGELES COMMITTEE ON SOCIAL HYGIENE DAY

*Chairman:* Frank Abbott, M.D., Donald Davy, M.D., George Parrish, M.D., Nobel Guthrie, M.D., H. O. Swartout, M.D., C. Morley Sellery, M.D., Mr. Max Silverstein, Mrs. Alexander H. Kerr, Thomas C. Myers, M.D., F. M. Pottenger, M.D., Wilton Halverson, M.D., Paul Popenoe, Sc.D., Wendy Stewart, M.D., George B. Mangold, Ph.D., Mr. Lorne W. Bell, Mr. George Hjelte, Mrs. L. S. Baca, Judge Robert H. Scott, The Reverend Thomas Clark.

### *Program*

#### **Morning Session—9:30 A.M.**

Porter Hall, Law Building, University of Southern California

**Subject:** *How the Government Protects Soldiers, Sailors and Workers from Syphilis and Gonorrhoea*

**Presiding:** BERTRAM BROWN, M.D., California Director of Public Health

**Speakers**

LIEUTENANT COLONEL HAROLD V. RAYCROFT, Station Hospital, Fort MacArthur,  
San Pedro  
CAPTAIN JOEL T. BOONE, Naval Air Station, San Diego, California  
NOBEL GUTHRIE, M.D., United States Public Health Service

**Discussion Leaders:** DONALD G. DAVY, M.D., Bureau of Venereal Diseases, State  
Department of Public Health; CHIEF ARTHUR C. HOHMANN, Los Angeles  
Police Department

**Luncheon Session—12:30 P.M.**

Foyer of Town and Gown Club, University of Southern California

**Subject:** *Syphilis and Wars*

**Presiding:** A. H. GIANNINI, M.D.

**Speaker**

WALTER CLARKE, M.D., Executive Director, American Social Hygiene Association

**Afternoon Session—2:30 P.M.**

Porter Hall

**Subject:** *Citizen's Part in Protecting Soldiers, Sailors and Industrial Workers  
from Syphilis and Gonorrhoea*

**Presiding:** GEORGE PARRISH, M.D., Los Angeles City Health Department

**Speakers**

DR. THOMAS B. CLARK, Crime Prevention Bureau, Office of the District Attorney  
MR. GEORGE HJELTE, Superintendent, Los Angeles Department of Recreation  
and Playgrounds

THE REVEREND GORDON C. CHAPMAN, Minister Westwood Community Methodist  
Church

MRS. CLARA ALCROFT, Executive of the Health Education Department, Los  
Angeles Y.W.C.A.

**Discussion Leaders:** NADINA KAVINOKY, M.D.; MRS. EDNA R. SHELDON, Social  
Hygiene Chairman, Board of Education; VERLE FRY, Chairman, Legislation  
and Community Health Section, Council of Social Agencies

**SOCIAL HYGIENE DAY GREETINGS**

As usual, Social Hygiene Day was an occasion for exchange of friendly and congratulatory messages between the A.S.H.A. and the state and community social hygiene groups. Many of these were received at the Philadelphia Conference and were read during the luncheon program. In turn the Association addressed the following telegram to groups holding regional meetings or other special programs:

Fifth National Social Hygiene Day finds American communities making a splendid effort to provide good times in good company for armed forces and defense industrial workers and to combat the problems of venereal disease and commercialized prostitution. Congratulations on your part in helping thus to strengthen the nation's defenses and thanks for your cooperation in the national program.

AMERICAN SOCIAL HYGIENE ASSOCIATION

## Some of the responses:

Regional Conference on Social Hygiene at Los Angeles just closed. The largest and most enthusiastic Social Hygiene Day meeting ever held here. We send greetings to you in the Philadelphia meeting. The fight against disease is a most important part of the national defense and must be carried on relentlessly on all fronts. Thanks for your cooperation in our work here.

FRANK F. ABBOTT, M.D., *Chairman*,  
Los Angeles Social Hygiene Day Committee

Greetings and best wishes. Going strong here. Beautiful <sup>crowd</sup> crowd of eleven hundred.

HARRIET S. CORY, M.D., *Chairman*,  
St. Louis Committee on Social Hygiene Day

Greetings from New Orleans conference and luncheon session here. A great success. Confident it has done much for advance of social hygiene in this vicinity. All success to the Philadelphia meetings.

RUTH HALLER, *Secretary*,  
New Orleans Committee on Social Hygiene Day

Several thousand social hygienists assembled at Hotel Astor send greetings to you, to American Social Hygiene Association and to Philadelphia cousins. New York public and private health and welfare organizations have done fine job in social hygiene. Philadelphia can do at least as well.

JACOB A. GOLDBERG, *Secretary*,  
Social Hygiene Committee, N. Y. Tuberculosis and Health Ass'n

Social hygienists from Washington and surrounding territory send congratulations on Association's constructive leadership and fine achievements during past year. Capacity audience attended District of Columbia meeting which had for its highlight the presence of our illustrious and beloved leader Dr. Edward L. Keyes. Best wishes for the success of the Philadelphia conference.

W. W. HAZEN, M.D., *President* and RAY H. EVERETT, *Executive Secretary*,  
SOCIAL HYGIENE SOCIETY OF THE DISTRICT OF COLUMBIA

Thank you for your telegram of good wishes. It was read at our Social Hygiene Day program meeting today. Please accept our sincere hope that your meeting will successfully promote the country-wide social hygiene program in which we are all so interested.

CHARLES W. BARNETT, M.D., *Chairman*,  
San Francisco Social Hygiene Committee

Best wishes for a successful meeting in Philadelphia. National Social Hygiene Week in Louisville splendid success in every way. Best attended National Social Hygiene Day luncheon we ever had. Everyone intensely interested and cooperating, particularly the industrial groups. Splendid results from Mr. Johnson's visit.

SOCIAL HYGIENE ASSOCIATION OF KENTUCKY

Greetings from 900 participants observing Fifth National Social Hygiene Day.

MARY D. REAM, *Executive Secretary*  
Kansas City Social Hygiene Society

Several hundred people celebrate Social Hygiene Day at luncheon next Monday noon in Buffalo. Dr. N. A. Nelson of Boston is to be the speaker. Some thirty organizations cooperating in this meeting. Congratulations to the regional meeting in Philadelphia.

PAUL L. BENJAMIN, *Executive Secretary*,  
Buffalo Council of Social Agencies

Rochester and Monroe County Committee of 140 and 300 NYA workers in Social Hygiene Day rallies here addressed by Dr. A. B. Lemon, Dean, Buffalo College of Pharmacy and State Pharmaceutical Association Committee Chairman, pledge support (of) national campaign to combat syphilis and gonorrhea in local gonorrhea control program initiated here today. Station WHAM broadcast talk from Chamber of Commerce. Resolution unanimously adopted to vigorously support your efforts to secure enactment House Bill 2475 to prohibit prostitution near military or naval establishments. Advise how we can help further in interest of national defense.

RAYMOND H. GREENMAN, *Executive Secretary*,  
Social Hygiene Committee Tuberculosis and Health Ass'n

Syracuse Social Hygiene Committee observed Social Hygiene Day Wednesday noon with challenging address before one hundred eighty-three representative Syracuse citizens on gonorrhea by the outstanding Philadelphia medical and oratorical star Percy Starr Pelouze. Congratulations to American Social Hygiene Association for its effective nation-wide leadership in promoting social hygiene education, legislation and protection of both military forces and civilian population.

ARTHUR W. TOWNE, *Secretary*,  
Onondaga Health Association

Congratulations on your excellent programs for National Social Hygiene Day. We have arranged over one dozen meetings in the next two weeks with emphasis on National Social Hygiene Day. Listen in on our special Social Hygiene Day program on Sunday, February 9th on the Mutual Network from one to one-fifteen. This is the regular March of Health program originating in Cincinnati.

RICHARD W. WEISER, M.D., *Executive Secretary*,  
Cincinnati Social Hygiene Society

Greetings from Cleveland. Our program reached large audience. Debate by high school students, "Resolved that sex education should be taught in high school," was broadcast. At evening meeting, debate repeated and coupled to national defense program by newspaper columnist as commentator. Best wishes for successful meeting in Philadelphia.

FAMILY HEALTH ASSOCIATION

Joint Social Hygiene Committee of Cleveland has started educational program for industrial workers. Local service clubs and industrial executives have been asked to assist. Hope for success of your Philadelphia meeting.

ROBERT N. HOYT, M.D., *Executive Secretary*

The Board of the Houston Social Hygiene Association send greetings and best wishes for a successful annual meeting. We anticipate a good observance here. There is considerable interest in possibility of regional meeting being held here next year as a means of promoting program in the state in addition to local value to our organization.

EWING WERLEIN, *President*  
Houston Social Hygiene Association

## THE ANNUAL BUSINESS MEETING

The Association's *Annual Business Meeting* was held at the Hotel Astor, New York City on February 5, in accordance with the official call issued in December. A.S.H.A. officers, members and guests also participated in the New York Regional Conference, held under the auspices of the Social Hygiene Committee of the N. Y. Tuberculosis and Health Association and 88 sponsoring organizations.

The Association's President, Dr. Ray Lyman Wilbur, being in attendance at Social Hygiene Day events on the West Coast, Mr. Philip R. Mather, Chairman of the Committee on National Defense Activities, presided, and opened the meeting by reading the following letter from Dr. Wilbur:

Stanford University, California  
February 1, 1941

Dr. William F. Snow, *Chairman of the Executive Committee,*  
American Social Hygiene Association  
1790 Broadway, New York City

DEAR DOCTOR SNOW:

This is the important and vital year in the current history of the American Social Hygiene Association. With our nation committed to the policy of compulsory military service, for which there has been no adequate material preparation and for which new camps and new communities are being developed, the protection of our specially chosen young men from obnoxious influences, and particularly from the ravages of syphilis and gonorrhoea, is an evident responsibility. Through the Association we are in a position to give assistance that is beyond the jurisdiction and power of the military authorities.

The measure of that assistance will be the support which we are able to obtain from those who see in our work protection in the present and in the future for American manhood, womanhood, and childhood.

We are not faced with some theoretical problem, but by one of the most practical and most difficult problems in the world. Evidently we know the answers. Our success will depend on how well and how widely we can apply them.

Very sincerely yours,  
(Signed) RAY LYMAN WILBUR, M.D.  
*President*

*General Officers* were elected as follows:

<i>Honorary President:</i>	Edward L. Keyes, M.D., New York
<i>President:</i>	Ray Lyman Wilbur, M.D., California
<i>Vice Presidents:</i>	Mrs. Henry D. Dakin, New York
	John H. Stokes, M.D., Pennsylvania
	Sewell L. Avery, Illinois
<i>Secretary:</i>	Maurice A. Bigelow, New York
<i>Treasurer:</i>	Timothy N. Pfeiffer, New York

On recommendation of the *Nominating Committee*, the following directors were re-elected for the three-year term 1941-2-3:

Charles H. Babcock	Kendall Emerson, M.D.
George Baehr, M.D.	Perey S. Pelouze, M.D.
Robert H. Bishop, Jr., M.D.	Fred T. Murphy, M.D.

President Wilbur named the following standing committees for 1941:

*Committee on Credentials:* Ray H. Everett, *Chairman*

Margaret Flynn	B. H. Caples, M.D.
Bertha Shafer, M.D.	Maurice A. Bigelow

*Committee on Resolutions:* Hugh R. Dowling, *Chairman*

Ralph E. Wager	Mrs. Elwood Street
Mary Stewart	C. A. Harper, M.D.

*Committee on Nominations:* Ira V. Hiscock, *Chairman*

Max J. Exner, M.D.	Walter W. R. May
John Sundwall, M.D.	W. C. Williams, M.D.

*Executive Committee:* William F. Snow, M.D., *Chairman*

George Baehr, M.D.	Bailey Burritt
Robert H. Bishop, Jr., M.D.	Kendall Emerson, M.D.
Philip R. Mather	

*Finance Committee:* Philip R. Mather, *Chairman*

Charles H. Babcock	Robert H. Bishop, Jr., M.D.
--------------------	-----------------------------

*Committee on Awards:* Edward L. Keyes, M.D., *Chairman*

Thomas Parran, M.D.	General John J. Pershing
Mrs. Sybil Neville-Rolfe	William F. Snow, M.D.

*The Membership Corporations Report:* This report, prepared in accordance with the New York State law under which the Association is incorporated, and approved at the Business Meeting, showed for the year ending December 31, 1940:

Number of New Members acquired during the year.....	2,040
Personal property of the Association (cash and accounts receivable) ..	\$ 28,848.89
Amount acquired during the year.....	168,693.26
Amount applied, appropriated or expended.....	175,382.03

These figures cover in summary the report of the Association's treasurer, Mr. Timothy N. Pfeiffer, and the auditor, Frederick Fischer. The details of income, expenditures and finances generally appear at the close of the year as follows:

## INCOME—January 1 to December 31, 1940

Contributions . . . . .	\$138,436.10	
Membership dues and subscriptions to Journal of Social Hygiene . . . . .	4,533.97	
Income from books, pamphlets, films, exhibits and other materials . . . . .	25,622.87	
Miscellaneous income . . . . .	100.32	
		\$168,693.26
<i>Total Income 1940</i>		

## EXPENSE—January 1 to December 31, 1940

Public Information and Extension . . . . .	17,835.32	
Legal and Protective Activities . . . . .	6,847.58	
Medical and Public Health Activities . . . . .	7,652.61	
National Education Committee Activities . . . . .	4,785.17	
Executive Committee (Special Studies and Field Activities) . . . . .	3,387.52	
Membership Committee . . . . .	1,431.19	
General Field Service . . . . .	24,443.79	
Publications: Journal of Social Hygiene, Social Hygiene News, books, pamphlets, films, exhibits	32,212.90	
National Anti-Syphilis Committee—including finan- cial campaign . . . . .	27,564.98	
Special Projects: Social Hygiene Day, Youth Ser- vice, World's Fair Exhibit, Special studies of prostitution and quackery, Cooperation with Health Authorities, and miscellaneous . . . . .	49,220.97	
		\$175,382.03*
<i>Total Expense 1940</i>		

MARGIN OF EXPENSE OVER INCOME FOR 1940 . . . . . \$ 6,688.77

## ASSETS:

<i>Special Funds</i> —William Freeman Snow Medal Fund	259.38
<i>General Funds</i>	
Cash for general purposes including revolving funds and petty cash . . . . .	23,808.45
Cash held for state and community projects with Anti-Syphilis Committees . . . . .	580.50
Advances to staff for travel . . . . .	1,610.19
Prepaid Expense . . . . .	729.05
Accounts receivable for publications . . . . .	1,763.82
Securities—10 shares Boston Wharf Company stock—Estimated value as of December 31, 1940	97.50

*Total Assets* \$ 28,848.89

## LIABILITIES:

Due Anti-Syphilis Committees for state and community projects . . . . .	\$ 580.50
Accounts payable for printing materials and special expense Social Hygiene Day	10,291.85
	\$ 10,872.35
<i>Total Liabilities</i>	

NET WORTH—December 31, 1940 . . . . . \$ 17,976.54

\* The Association had on its payroll during the year, certain staff members who have been assigned for part time to co-operative projects with other Agencies. Compensation for these services was paid directly to the respective staff members by these agencies. The total compensation for these services rendered during the year amounted to \$17,997.30 and is in addition to the total of \$175,382.03 for expenses of the Association as indicated above.



## PROGRAM FOR 1941

In 1941, as in 1940, it is expected that the Association's whole program of activities and expenditure therefor will be devoted directly and indirectly to national defense work. At the same time the long-range program and the permanent services for the "8-point program on 48 fronts," must be maintained. A realistic evaluation of the needs to be met, and a forecast of requests for Association services from the states and communities has led the Executive Director to propose a total budget of \$300,000 for 1941, including a minimum basic allocation of \$100,000 as being necessary for maintenance of the permanent services and staff, and (b) an additional sum of at least \$200,000 as necessary because of the national defense emergency. This budget was approved by the President and the Board of Directors with the understanding as above—that all of the Association's resources may be devoted directly and indirectly to national defense activities, and that expenditures should not, at any time exceed income. An additional budget of \$25,000 was approved for provision of supplies for the Publications Service, on a self-supporting basis.

As heretofore, work will be carried on through four main divisions:

<i>Public Information and Extension</i>	<i>Medical and Public Health Activities</i>
<i>Legal and Protective Activities</i>	<i>Sex Education and Training for Family Life</i>

The national defense work utilizes the facilities, methods and experience of all four, plus many special projects dealing especially with defense problems. A project which will particularly engage the entire staff of the Association in 1941 is that of assisting communities in the vicinity of defense industrial concentrations to protect both workers and the general population from syphilis and gonorrhoea, through reduction of opportunities for exposure to infection, educational activities, and improvement of facilities for diagnosis, treatment and prevention.

### BUDGET FOR 1941

In summary, the budget approved for the above program appears as follows:

**A. GENERAL BUDGET..... \$300,000**

**1. National Defense Activities**

Cooperation with the Federal Government and with State and community agencies, both official and voluntary, especially with State and local defense councils, in studies of social hygiene conditions; advice and consultation service to bring about improvement as needed, especially with regard to the suppression of prostitution in communities adjacent to industrial defense areas and to Army and Navy camps; cooperation with health officials and the medical profession in study of venereal disease problems among defense forces; production and distribution of publications specially prepared for information and education of soldiers, sailors and defense workers, and student and other youth groups. .... \$100,000.00\*

\* For direct expenditures for national defense work. At least \$100,000 more will be allocated under the several divisions of regular work.

**2. Public Information and Extension**

Service to State, community and special groups in developing social hygiene activities, organizing new societies and committees, training personnel, arranging special meetings and conferences; publication of the Journal of Social Hygiene, Social Hygiene News, pamphlets, films, exhibits, production of publicity materials; and conduct of general informational service. . . . .

34,418.75

**3. Legal and Protective Activities**

Advice to groups promoting social hygiene legislation in 44 state legislatures meeting in 1941, including special provision for protection of marriage and childhood from syphilis through passage of laws requiring premarital and prenatal examinations for syphilis; promotion of community protective measures to safeguard youth; aid to States and communities generally in studying and combating "rackets" of commercialized prostitution and quackery . . . . .

13,538.80

**4. Medical and Public Health Activities**

Clearing house service to health authorities and the medical profession, to nurses and medical social workers, on new methods and materials in the campaign against syphilis and gonorrhoea; advisory service to aid infected persons to seek and find reliable medical aid; promotion of community facilities and services through which the public assists in this work. . . . .

11,948.80

**5. Sex Education Activities**

Consultation and correspondence with parents, teachers, church leaders, and physicians on sound sex education and hygiene; cooperation with these and other agencies in developing practical plans for the preparation and training of youth for marriage and parenthood; promotion of State, church, and community encouragement and protection of marriage and family life; development of the National Education Committee . . . . .

13,407.73

**6. Field Service**

Maintenance of regional offices in different parts of the country, in cooperation with State and local social hygiene societies, to provide consultation and advisory service for community groups; lecture and conference field schedules in the four divisions of work; special field work in selected areas. . . . .

49,416.60

**7. Special Activities of Committees**

Finance Committee program and related National Anti-Syphilis Committee activities; Executive Committee studies and administration; Membership Committee activities; other standing and special committee activities, and cooperation with official and voluntary agencies in promoting social hygiene work and support. . . . .

38,443.34

**3. Special Projects**

Sixth National Social Hygiene Day, with promotion of six regional conferences and nation-wide observance; Youth Service; special programs in cooperation with the National Conference of Social Work, the Church Conference of Social Work, the American Public Health Association and other national agencies . . . . . 38,826.00

---

\$300,000.00

**B. PUBLICATIONS SERVICE BUDGET . . . . . 25,000**

Stock books, pamphlets, films, exhibits and other materials

---

**Total Budget Needs for 1941 . . . . . \$325,000**

COMMITTEE REPORTS

*The Finance Committee (Robert H. Bishop, Jr., M.D., Chairman)*

In accordance with the Association's usual procedure, the Finance Committee presents at this time the following reports for examination and approval of the membership at this business session of the Annual Meeting:

1. *The Report of the Treasurer* for the year ending December 31, 1940. Mr. Pfeiffer, as Treasurer, has restated in brief summary the records of income and expense for the year, with such comments as have been deemed necessary.
2. *The Auditor's Report* for the year 1940. Mr. Fischer, the Auditor, has carried on the usual progress audit during the year and has presented an annual report based on his final examination of the accounting records, checks, requisitions, receipts, bank receipts, deposits and balances, inventories, and related data.
3. *The Annual Membership Corporation's Report.* The report, in accordance with the By-laws and the New York State law governing non-profit membership corporations, has been prepared in customary form for signature by the members of the Board of Directors.

The Committee also has available for reference monthly statements from the special campaign committee of which Mr. Philip R. Mather is Chairman.

During the last half of 1940 the campaign emphasized the demands upon the Association because of defense activities. Some special gifts and a good many supplementary contributions from current donors were received as a result of pleas to provide additional funds to fight the danger of the spread of venereal diseases because of concentrations of men in army camps, naval bases and defense industries.

In spite of "that's the government's job," arguments in some quarters, the results of those appeals have been encouraging. Totals for 1940 reached 4,129 gifts for \$136,656.93 compared to the 1939 total of 3,799 gifts for \$122,296.78.

During the year 1940, the Finance Committee has met with the Executive Committee prior to each quarterly meeting of the Board of Directors, and its members on other occasions have come together for special consideration of urgent matters. As shown by the Treasurer's report, it has been possible to get through the year without an actual deficit; but this has been possible only through the receipt of large special contributions from a few persons who have aided the Association and its work in past years with both money and personal work and efforts to enlist the cooperation of others.

A great loss was suffered in the death of Mr. Donald C. Dougherty, Campaign Manager. The members were informed at the time through resolutions and the Association's publications. The Committee desires to introduce Mr. Elliot J. Jensen, who has succeeded Mr. Dougherty on the staff, and who has worked unsparingly with Miss Elizabeth Ahner and the other members of the staff to carry on under Mr. Mather's direction the work begun by Mr. Dougherty, and to adapt it to the rapidly changing conditions of the past six months. The Committee desires to commend highly the efforts of all this group.

*The Committee on Credentials (Ray H. Everett, Chairman)*

In accordance with the procedure prescribed for annual meetings of the membership of the Association, the Committee certifies that there is present a quorum of qualified members, and that the presiding officer may call the meeting to order for the purposes of this 1941 Annual Meeting.

The members of this Committee have also served during the past year on the Membership Committee of the Association. At this time, therefore, we desire to make the following statement regarding the membership of the Association and activities of this Committee.

During the year 1940 there have been added 2,040 new members, including:

New Society Members.....	3
New Library Memberships.....	86
New Individual Members.....	1,951
Total new members for 1940	<u>2,040</u>

Contributors who accepted membership make up 1,544 of the individual members, the remaining 407 being persons who applied directly for membership. The total membership December 31st, 1940 was 10,753. To this number the Executive Committee added 15 at its meeting just before this meeting making a total of 10,768 members.

The Committee urged the Membership Committee and the Board of Directors at the last Annual Meeting to make every effort to enlarge

the number and geographic distribution of members, and to secure as many young members as possible. Sampling of the membership data in respect to age, occupation, residence, and participation in local social hygiene activities emphasizes and justifies repetition of this recommendation.

Particularly does this Committee wish again to point out that a nation-wide active membership is a valuable source of information upon state and community conditions and social hygiene programs. During the coming months with National Defense so urgently demanding the cooperation of the Association and its state and local affiliates, a rapidly growing and well informed membership is more vital than ever.

*The Committee on Resolutions* (Hugh H. Dowling, *Chairman*)

This Committee on Resolutions, functioning in accordance with the by-laws of the Association, presents the following for your consideration and action :

- (1) RESOLVED: That all acts and proceedings of the Board of Directors, the Executive Committee, and the officers of this Association carried out since the last annual meeting of this Association on February 1, 1940, be, and the same are, hereby ratified, adopted and approved, and the same are hereby made the acts and proceedings of this Association at this meeting, such acts and proceedings to take effect as of the same dates on which the acts and proceedings purport respectively to have been carried out.
- (2) By reason of its importance to the future program of the Association, it is deemed advisable to incorporate herein the following resolution adopted by the Board of Directors on November 18, 1940:

WHEREAS, the Army and Navy and essential industries of the United States are calling great numbers of men and women to service in behalf of national defense; and

WHEREAS, these individuals and the citizens generally in communities from which they are drawn and to which they are assigned for service are seriously affected by and greatly concerned over growing conditions calculated to undermine morale, health and welfare; and

WHEREAS, existing official activities and authority are known to be inadequate to deal with such conditions in many communities; and

WHEREAS, voluntary agencies in a position to help must know the nature and extent of official Federal, State, and local plans and activities to promote morale, health, and welfare, before completing their own plans and seeking adequate funds for their part in the whole program;

THEREFORE, BE IT RESOLVED: That the American Social Hygiene Association request such information from the proper Federal, State, and local officials, and pledge to them cooperation and assistance to the fullest extent possible in carrying on essential correlated activities in this particular field.

- (3) WHEREAS, experience has demonstrated the effectiveness of authority vested in the Military and Naval Departments to prohibit prostitution in areas adjacent to training camps and other points of Military and Naval concentration; and

WHEREAS, there has been introduced in the House of Representatives, *House Resolution 2475* which would authorize the Secretary of War and the Secretary of the Navy to prohibit prostitution within reasonable distances of military and naval establishments where determined necessary to preserve the efficiency, health, and welfare of the Army and Navy;

THEREFORE, BE IT RESOLVED: That the full endorsement of this Association be given to this bill and that its speedy passage be urged upon Congress by this Association.

- (4) WHEREAS, in 1940, an agreement was made between the War and Navy Departments, the Federal Security Agency, and State health departments on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated; and

WHEREAS, such agreement expresses the desire of local police and health authorities, State Departments of health, the Public Health Service, the Army, and the Navy to have the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene sources or other voluntary welfare organizations or groups in developing and stimulating public support for the measures agreed upon;

THEREFORE, BE IT RESOLVED: That this Association is in accord with the measures outlined in such agreement, and that assistance be given by this Association wherever possible in connection therewith.

- (5) WHEREAS, the *Venereal Disease Control Act*, enacted by the Congress in May, 1938, provides that for each fiscal year after that ending June 30, 1941, there shall be appropriated such sum as is deemed necessary to carry out the purposes of the Act; and

WHEREAS, in the Federal budget for the fiscal year beginning July 1, 1941, and ending June 30, 1942, the President has recommended that the sum of \$6,250,000 be appropriated under the aforesaid provision of the *Venereal Disease Control Act*; and

WHEREAS, despite recognition of the fact that this sum is inadequate to meet existing needs, and since it is believed that financial aid through other Federal appropriations may become available to supplement the purposes of this appropriation;

THEREFORE, BE IT RESOLVED: That this Association give its support to the President's budgetary recommendation allocable to the *Venerable Disease Control Act*, and that Congress be asked to approve such recommendation, and that the States be asked to appropriate at least an equal amount in the aggregate.

- (6) WHEREAS, the problem of suppression of prostitution has increased and will become of greater consequence as defense preparations expand; and

WHEREAS, adequate laws, State and local, and sufficient police personnel, including women police, and other special workers are necessary for effective solution of this problem;

THEREFORE, BE IT RESOLVED: That the State legislatures now in session and local governing bodies be urged by this Association to supplement existing statutes or to enact new laws to provide adequate legal measures with respect to suppression of prostitution, and that police and other necessary personnel be enlarged wherever necessary to enforce such legal measures.

- (7) WHEREAS, the State and community social hygiene societies have been foremost in promoting nation-wide observance of *Fifth National Social Hygiene Day*, February 5th, of which the theme is *Social Hygiene and National Defense* and the objective is to bring about wider public education on this important subject and to promote closer civilian cooperation with the government program; and

WHEREAS, cooperation has been received countrywide from numerous organizations, institutions, associations, professions, and from the public generally; and

WHEREAS, five large regional conferences are being held in Philadelphia, New York, St. Louis, New Orleans, and Los Angeles, and an estimated five thousand State and community meetings across the country, with radio programs, motion picture showings, and a large amount of newspaper and magazine publicity;

THEREFORE, BE IT RESOLVED: That the thanks of this Association, and particularly of the *Committee on National Defense Activities*, be expressed to all who have cooperated in this common effort to aid in strengthening our national defenses.

- (8) WHEREAS, death has come since the last Annual Meeting of this Association to several individuals identified with social hygiene work, among whom were: Dr. Hans Zinsser, Mr. Wilton A. Barrett, Dr. William Allen Pusey, Dr. F. Park Lewis, Mr. Robert G. Corwin, Dr. Donald C. Dougherty, M. John Hawley, Dr. John H. Finley, Mrs. John M. Glenn, Dr. George E. Vincent.

THEREFORE, BE IT RESOLVED: That this Association record its profound sorrow at the loss of these friends and co-workers in this movement.

*The Committee on Awards* (Edward L. Keyes, *Chairman*)

The Committee on Awards has held meetings from time to time during the year in the course of its study of the two major activities assigned to it:

- (1) The award of the *William Freeman Snow Medal for Distinguished Service to Humanity*.
- (2) The award of *Honorary Life Memberships*.

For the medal award for 1941, the Committee has unanimously selected Mrs. Sybil Neville-Rolfe, Secretary General of the British Social Hygiene Council. The citation and the medal are here for your examination. The presentation to Mrs. Rolfe has been arranged for February 6th at the luncheon session of the Association in Philadelphia during the Regional Social Hygiene Conference in that city.

Two *Honorary Life Memberships* have also been awarded this year to:

Surgeon General Hugh S. Cumming, United States Public Health Service (*retired*).

Professor Rachele S. Yarros, M.D., University of Illinois (*retired*).

Copies of the citations for these awards are presented herewith.

*Committee on National Defense Activities* (Philip R. Mather, *Chairman*).

At the June meeting of the Board of Directors of the American Social Hygiene Association, President Wilbur was authorized to appoint a *Committee on National Defense Activities* to act in an advisory capacity to the Association in its efforts to protect the health and morale of soldiers, sailors and defense industrial workers. The President appointed Mr. Philip Mather Chairman, and Mr. Sewell Avery, of Chicago, Doctor Fred Murphy, of Detroit, General Marritte W. Ireland, of Washington, D.C., and Doctor William F. Snow, of New York, members of the Committee. The Committee has had one meeting, in Washington, November 18, 1940, and the members of the Committee have given valuable advice and assistance to the Chairman and the Executive Director of the Association on many occasions.

The Association's principal function at this time is to protect soldiers, sailors and industrial workers from syphilis and gonorrhoea. Such protection will, in the degree it is effective, also protect families and communities from these infections. The magnitude and importance of the task is reflected in the figures for lost time of sailors and soldiers due to all causes. According to the report of the Surgeon General of the Army, issued in 1938, syphilis and gonorrhoea caused almost four times as much lost time as did any other illness or cause



of disability. It is believed that these diseases interfere with industrial efficiency to a similar serious degree.

During periods of national disturbance or wars, the venereal disease rate tends to increase in the armed forces and also in the civil population. During and after the World War, syphilis and gonorrhea reached epidemic proportions in countries most affected by the war, including non-belligerent countries such as Sweden and Denmark as well as those actually engaged in hostilities. The present turmoil in Europe is almost certain to be accompanied and followed by a grave increase in syphilis and gonorrhea, and the United States will hardly escape this increase unless the health and medical services of the Army, the Navy, and civil authorities, aided and supported by voluntary and private efforts, work together effectively to prevent this disaster. Only the united action of officials and citizens can prevent the wiping out of the gains of the last twenty years and prevent a great increase in syphilis in civil and military populations.

The Army and Navy are able and anxious to do all possible to protect men from infection and to give adequate medical care to those who become infected, but the military and naval forces do not control the civilian communities around Army and Navy establishments, and it is in these communities and not in forts or on board ship that service men become infected. The civil authorities and the citizens are responsible for conditions which exist in their communities.

The venereal diseases are spread by infected persons almost exclusively through sex contacts. The more promiscuous an infected person is, the greater the number of persons in danger. The most promiscuous persons are prostitutes, and whether in brothels or operating independently, they are a real danger in any community and a threat to the health, morale and efficiency of soldiers, sailors and workers stationed in or near such communities. It has been demonstrated by the Association that high venereal disease rates in the armed forces can be dramatically and greatly reduced by cleaning up commercialized prostitution and related conditions in adjacent communities.

This is a task which at present only the Association is equipped to do. It involves learning the facts regarding prostitution and related conditions; analysis of local and State laws to find legal instruments; rallying of public opinion to support law enforcement, and guidance of local and State officials in law enforcement techniques. It involves cooperation between the civil and military authorities, and the citizens whose interests are vitally concerned. Their sons are in the training stations, their families in the civil communities, the good name of their cities and towns may be injured. It is the efficiency of their Army and Navy that is at stake, and it is their country that has called soldiers, sailors and workers to service.

We have already made many notable contributions to this work. At Columbus, Georgia, we demonstrated that venereal disease rates can be cut in half by reducing prostitution to a minimum. We aided

the Army and health authorities in the maneuver areas of Louisiana and Texas, of Washington, of Minnesota, of Wisconsin and of New York State, with the result that the venereal disease rates during these maneuvers were lower than anyone had dared to hope. A special report of this work has been sent to the members of the *Committee on National Defense Activities*. We are now giving special attention to the great concentrations of men at Fort Bragg, North Carolina, Fort Jackson, South Carolina, and in the Norfolk, Virginia, area. Our representatives have made confidential investigations in 137 communities near Army and Navy establishments. Our consultants have visited and aided the military, naval and civil authorities in 26 States.

Our representatives have aided in the establishment of State councils of defense and have stimulated defense councils to include protection of health and morale in their program of action.

We have made special studies of the problems arising out of the concentration of workers in defense industries at Hartford, New London, and Bridgeport, Connecticut; in the Norfolk area of Virginia, and in Paterson, New Jersey. These studies show lack of housing, lack of adequate medical care, and above all, lack of morale-sustaining recreational facilities.

While the progress has been encouraging, there is much more that needs to be done. The Association needs more personnel and funds. The work we have undertaken requires a high degree of training, almost constant field work, and experienced expert guidance from headquarters. While governmental agencies yet to be created may, in the future, take over a certain part of this work, the fact is that at present the American Social Hygiene Association is the only organization equipped to carry on these important national defense activities.

This is not a problem for tomorrow. The dangerous conditions exist today and our assistance is requested now by the Army, the Navy, and the Public Health Service to protect men already in training from infections which, during the World War, robbed the Army of the equivalent of a year's service of more than 20,000 men, or the personnel to man six great airplane carriers or nine destroyers. The people who make a profit out of selling prostitution and along with it syphilis and gonorrhoea, are already on the job, and the Association must do its best to meet the emergency they create.

There are a number of important questions upon which the Association needs the advice of the Committee on National Defense Activities. They are to be presented by members of the staff who are best acquainted with the details of these problems.

# NOTES ON 1940—A NATIONAL DEFENSE YEAR

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

## SUMMARY REPORT

At the Annual Meeting in February, 1940, continuance was approved of the Association's "8 point program on 48 fronts" (and in the District of Columbia, the territories and island possessions). Early in the year, however, it became necessary to revamp the whole plan of activity to meet the heavy demands from federal and state governmental agencies for help in social hygiene problems arising out of the rapid growth of the national defense program. Since the first limited emergency was declared, in September, 1939, much of our time and money had been spent for this purpose. Under the guidance of the Association's Committee on National Defense Activities, and with the authorization of the Board of Directors, the Executive Director now proceeded to turn the whole effort of the staff and materials towards meeting defense needs.

The end of the year finds this plan in full effect. Actually the entire resources of the Association are being devoted, directly and indirectly, to national defense work. Current publications deal mainly with defense problems. Educational activities point out the relation of sound sex instruction to the prevention of syphilis and gonorrhea. Publicity stresses defense activities. Medical activities deal with syphilis and gonorrhea in relation to the Army, Navy and industrial workers. A new film, *In Defense of the Nation*, emphasizing How Civilians Can Help to Protect Soldiers, Sailors and Defense Workers from Syphilis and Gonorrhea is in production.\*

The most intensive defense effort has occurred in the field of legal and protective measures, the principal services being detailed field studies on the spot to learn conditions existing, particularly in regard to commercialized prostitution in the vicinity of military and industrial concentrations, followed by consultant service to help local and State officials to take suitable action, backed by public opinion, to correct these conditions.

Surveys of commercialized prostitution were made in 129 cities in 23 states and the District of Columbia, and in 46 areas near Army, Navy and industrial establishments. A.S.H.A. public health and medical consultants were continuously available to employers. A number of new publications on industrial problems were prepared and distributed.

\* Completed for release in April, 1941.

These activities have proved successful in:

1. Reducing exposure to infection by minimizing prostitution.
2. Establishing good working relations with the War and Navy Departments and other bodies concerned with national defense.
3. Obtaining official acceptance of the policies advocated by the Association for the prevention of venereal diseases.

Officers and staff have given much time to the encouragement of those positive preventive measures—provision of wholesome recreation and morale maintenance activities—which are of great importance to the prevention of venereal disease. The Association can apply the measures which result in cleaning up a vicious prostitution situation, but unless substitutes for the brothels and honky tonks are provided by the morale maintenance agencies, the job is only half done. Progress has been made in obtaining effective coordination of voluntary morale maintenance agencies at the national, state and local levels, especially in cooperation with defense councils.

A letter from President Wilbur concerning defense and social hygiene, sent in July to 159 state and local social hygiene societies urging action in local communities was followed up by an Executives' Conference called in New York, November 16 to 18, attended by representatives from social hygiene societies all over the country, for the special purpose of considering social hygiene problems arising from the national emergency.

While concentrating on meeting emergency needs, long-range objectives have been kept in view, and all work has been planned and carried out with these aims in mind. The summary which follows reflects gratifying progress towards all of our goals. The volume of work has been made possible only by the loyal and unremitting industry of the staff.

**Social Hygiene Day Service:** *Fourth National Social Hygiene Day:* 5,000 meetings promoted and serviced. 27th Annual Meeting and two-day regional conference in Chicago, in cooperation with the U. S. Public Health Service, the American Medical Association, the American Pharmaceutical Association, the Chicago Committee on Social Hygiene Day and 90 sponsoring agencies. *Fifth National Social Hygiene Day:* Preliminary work on the theme *Social Hygiene and National Defense*, with five regional conferences planned for February 5, 1941.

**Community Service:** *Regional offices* maintained in Washington, D. C.; San Francisco, Calif.; New Orleans, La.; and Chicago, Ill. . . . The number of *organized social hygiene groups* increased from 159 to 166. . . . A special program on National Defense was arranged with the American Public Health Association at Detroit in October.

**Youth Service:** Helped over 1400 *young people's organizations*. . . . The *Quiz Corner* at the *World's Fair*, continuing the Association's exhibit for a second year, scored 28,638 tests on syphilis and gonorrhoea. Sixty per cent requested and were given further information.

**Field Service:** In addition to the special field studies mentioned above 100 lectures given by 20 staff members in visiting 500 communities all over the country.

**Publicity Service:** 98 *news releases*, 200,000 *Social Hygiene Day Heralds*, 2,000 *clip sheets*, 3,200 *pressbooks*, 2,000 *mats*, 300 *photographs* and other publicity

materials were distributed with an estimated result of from 20,000 to 30,000 news stories, editorials, feature articles, cartoons and continuity strips in newspapers and periodicals. . . . Approximately 1,000 advisory letters to local social hygiene societies on publicity matters.

**Publications Service:** Distributed 35,000 copies of the JOURNAL OF SOCIAL HYGIENE and 217,000 of the SOCIAL HYGIENE NEWS . . . 4,500 drug-store counter display cards . . . 1,044,476 pamphlets . . . 22,107 charts and posters . . . 4,979 books, (including 500 copies of the new *Digest of Venereal Disease Laws*) . . . 108 special exhibits for meetings of national, state and community groups . . . 514 motion picture and slide film prints, (263 prints of the new *With These Weapons—the Story of Syphilis*). Incoming mail at the New York office shows a total of 31,785, with 540,000 pieces mailed out.

**Membership Service:** New members: 2,040. Total Membership, December 31, 1940: 10,753.

**Legislation:** The legal and protective staff at home and in the field counseled numerous groups planning to promote premarital and prenatal examination laws in 1941 legislative sessions; and on proposed Congressional legislation including **Federal Bill H.R. 2475**, "To prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy."

Virginia adopted a premarital examination law in 1940. Twenty states now have such laws. . . . Louisiana adopted a prenatal examination law. Nineteen states now have prenatal laws.

**Cooperation with Pharmacists:** The Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association has met frequently. Twenty state pharmaceutical associations have gone on record in support of the venereal disease campaign. Many pharmaceutical publications are cooperating, and surveys in 31 cities in 6 states on quackery and over-the-counter prescribing by druggists show marked improvement.

**Medical Advisory Service:** Staff physicians answered thousands of letters and phone calls from distressed people who believed themselves infected with syphilis or gonorrhea, correcting misconceptions and guiding them to recognized sources of diagnosis and treatment.

**Special Medical and Public Health Services:** Staff members and officers served as members of the Committee on Venereal Disease of the National Research Council, advising the Army, Navy and U. S. Public Health Service; on the committee directing the research projects on gonococcus infections and on "the five-day" intravenous drip treatment for syphilis, whose report made public on April 12, 1940 aroused wide interest. . . . A Joint Committee appointed by the American Social Hygiene Association and the U. S. Public Health Service prepared and published a preliminary statement on *The Chemical and Mechanical Prevention of Syphilis and Gonorrhea*.

**National Education Committee:** Professor Maurice A. Bigelow completed a study sponsored jointly by the U.S.P.H.S. and the A.S.H.A. on the relation of sex education and instruction regarding the venereal diseases in high schools and other educational institutions in 20 states. . . . Another project involved extensive correspondence regarding courses of instruction in public schools as media for sex education.

## PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

### BOOKS

- AMERICA ORGANIZES MEDICINE. Michael M. Davis. New York, Harper and Brothers, 1941. 335 p. \$3.00.
- GONORRHEA IN THE MALE AND FEMALE. Third Edition reprinted, with new chapters on sulfanilamide and its derivatives and on gonorrhea in immature females. P. S. Pelouze, M.D. Philadelphia, W. B. Saunders Company, 1941. 489 p. \$6.00.
- PERSONALITY AND THE FAMILY. Revised and enlarged edition. Hornell Hart and Ella B. Hart. New York, Heath and Company, 1941. 526 p. \$3.25.
- TEXT-BOOK OF PUBLIC HEALTH. Tenth Edition. Revised and Enlarged. W. M. Frazer and C. O. Stallybrass. Baltimore, The Williams and Wilkins Company, 1941. (Made and printed in Great Britain) 504 p. \$6.50.
- YOU CAN BE HAPPILY MARRIED. Gilbert Appelhof, Jr. New York, Macmillan Company, 1941. 218 p. \$2.00.

### PAMPHLETS

- NATIONAL RESEARCH COUNCIL. Organization and Members, 1940-1941. Washington, D. C. 85 p.
- NEW GOVERNMENT AIDS FOR TEACHERS. Reprint from *School Life*, Sept. 1937-June 1940. U. S. Office of Education, Washington, D. C. 1940.
- NEW YORK STATE CONFERENCE ON SOCIAL WORK. New York. 1940. 135 p.
- ORGANIZATION OF 4-H CLUB WORK. A Guide for Local Leaders. U. S. Department Misc. Publication No. 320. 35 p.
- PROVIDENCE (R. I.) DISTRICT NURSING ASSOCIATION ANNUAL REPORT—1940.
- PUBLICATIONS OF THE NATIONAL RECREATION ASSOCIATION. (A mimeographed list). 315 Fourth Ave., New York City. 4 p.
- WHAT YOU SHOULD KNOW ABOUT GONORRHEA. Prepared jointly by the Medical Society of the County of Monroe and the Rochester Pharmaceutical Association. A listing of Rochester and Monroe County physicians who are competent and willing to treat gonorrhea. Printed and distributed by the Tuberculosis and Health Association of Rochester and Monroe County, Inc.

### IN THE PERIODICALS

- AMERICAN JOURNAL OF HYGIENE. Baltimore. March 1941. *Venereal Diseases in Sweden 1913 to 1937*. By Gunnar Dahlberg. p. 51-63.
- AMERICAN JOURNAL OF NURSING. New York. January 1941. *Family Education and the Nurse*. By Frances H. Benjamin. p. 39.
- February 1941. *A Family Study Conference*. p. 205.
- AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES. St. Louis. March 1941. *The Blood Cells in Early Syphilis*. By Udo J. Wile, M.D., Raphael Isaacs, M.D., and Charles W. Knerler, M.D. p. 133.
- *Cutaneous Toxicity of Mapharsen*. By Ervin Epstein, M.D. p. 225.
- *Effect of Temperature on Kahn Reaction*. By R. L. Kahn, Sc.D., E. B. McDermott, and S. Marcus, M.S. p. 151.
- *Etiologic Considerations in Postarsphenamine Dermatitis*. By Frank E. Cormia, M.D. p. 189.
- *Factors Affecting the Results of Contact Investigation in the Syphilis Clinic of the Johns Hopkins Hospital*. By Robert Dyar, M.D., Nobel W. Guthrie, M.D. p. 215.

- *Factors Influencing the Course of Syphilis*. By Hugh J. Morgan, M.D. p. 233.
- *A Microscopic Slide Modification of the Eagle and Kahn Flocculation Tests for Syphilis*. By J. Henry Strauss. p. 186.
- *The Modern Possibilities of Gonorrhoea Control*. By Rogers Deakin, M.D. and Morris Wortman, M.S. p. 142.
- *On the Possible Presence of a Reagin-like Factor in Normal Human Serum*. By N. P. Sherwood, M.D., Glenn C. Bond, Ph.D. and R. I. Canute-son, M.D. p. 179.
- *Reinfection in Congenital Syphilis*. By Richard D. Hahn, M.D.
- BULLETIN OF FAMILY RESEARCH AND EDUCATION. Poughkeepsie, N. Y. February 1941. *Community Recreation and Family Living—The Flint Program*. By J. K. Folsom. p. 6.
- BULLETIN OF THE DEPARTMENT OF HEALTH. Commonwealth of Kentucky, Louisville. February 1941. *Emergency Extra-Cantonment and War Industries Zone Regulations, 1941*. p. 267.
- BULLETIN OF THE NATIONAL TUBERCULOSIS ASSOCIATION. New York. March. 1941. *Preliminary Program of the 37th Annual Meeting of the National Tuberculosis Association*.
- CONNECTICUT HEALTH BULLETIN. Hartford. February 1941. *Illegal and Unethical Treatment of Gonorrhoea and Syphilis*. By B. A. Moxness, M.D. p. 41.
- THE FAMILY. New York. April 1941. *Intake in a Travelers Aid Society*. By Lillian L. Otis. p. 47.
- HEALTH BULLETIN. North Carolina State Board of Health, Raleigh. December 1940. C. V. Reynolds, M.D. p. 7.
- HEALTH PROGRESS. New Jersey Health and Sanitary Association, Inc., Freehold. March 1941. *Health of Drafted Men*. p. 5.
- THE HUB BOOSTER. Young Men's Section, Saskatoon Board of Trade. February 1941. *Social Hygiene and National Defense*. By Christian Smith. p. 8.
- ILLINOIS HEALTH MESSENGER. State Department of Public Health, Springfield. March 1, 1941. *Intensive Treatment of Early Syphilis*. By Herbert Rattner, M.D. p. 44.
- KENTUCKY MEDICAL JOURNAL. Bowling Green, Ky. March 1941. *Why Our Profession Sought a Premarital Law*. By A. T. McCormack, M.D. p. 94.
- *The Clinical Aspects of the Premarital Law*. By W. U. Rutledge, M.D. p. 98-99.
- PENNSYLVANIA'S HEALTH. State Dept. of Health, Harrisburg. February 1941. *The Premarital Act after Seven Months*. p. 25-28.
- PUERTO RICO HEALTH BULLETIN. San Juan. February 1941. *The Role of Social Work in the Venereal Disease Campaign*. By Rosario Cucurella. p. 29.
- ROCKY MOUNTAIN MEDICAL JOURNAL. Denver. December 1940. *A Screen Test Developed in the Laboratory of the Colorado State Board of Health in the Serology of Syphilis*. By W. C. Mitchell, M.D. p. 977.
- SOCIAL PROGRESS. Philadelphia, Pa. March 1941. *Civilian Responsibility for Social Health*. By Bascom Johnson. p. 6.
- STATISTICAL BULLETIN. Metropolitan Life Insurance Co., New York. November 1940. *Physical Fitness of Draftees*. p. 1.
- UROLOGIC AND CUTANEOUS REVIEW. St. Louis. March 1941. *Minimum Physical Requirements Necessary to Conduct a Clinic for the Treatment of Gonorrhoea*. p. 152.
- VENEREAL DISEASE INFORMATION. U. S. Public Health Service, Washington, D. C. January 1941. *Purification of the Antigen of Syphilis*. By John W. Wellman and Herman P. Lankelma. p. 12.
- *Studies in the Epidemiology of Syphilis—III. Conjugal Syphilis*. By Louis J. Klingbeil, M.D. and E. Gurney Clark, M.D. p. 1.—*The Value of Patient Education*. By H. H. Cowper, M.D. and E. Gurney Clark, M.D. p. 7.
- WAR MEDICINE. Chicago. March 1941. *Diagnosis and Treatment of the Venereal Diseases*. By National Research Council Committee on Chemotherapy and Other Agents. (Circular letter No. 18, prepared by the Subcommittee on Venereal Diseases). p. 247-66,

## ANNOUNCEMENTS

**Last Month.**—Many requests have been received for reprints of the chief article of this *Special Number on Venereal Disease Control Education in the Schools*. . . . This was Professor M. A. Bigelow's report on his study on this subject covering some twenty-odd states . . . an ideal reference source for high school and health education work. . . . (*Pub. No. A-330, 25 cents each.*) . . . The bibliography prepared on this subject is included in the reprint and is also reprinted separately. . . . (*Pub. No. A-331, free.*)

**This Month.**—An outside edition of this *Twenty-eighth Anniversary Number* is being printed that complimentary copies may be sent to our friends—many of them new ones—who served as members of the *Regional Conference Social Hygiene Day* committees or participated in the conference programs. . . . Perhaps you too may have friends to whom you would like us to mail this souvenir number? . . . 35 cents, post-paid. . . . The main articles by Dr. Draper, Colonel Hitchens and Captain Boone may be secured in reprint form . . . 10 cents each.

**Next Month.**—The April JOURNAL will be *Number III* in the series on *Social Hygiene and National Defense*, dealing particularly with *The Protection of Industrial Defense Workers from Syphilis and Gonorrhoea*. Articles will include: *Syphilis, Gonorrhoea and National Defense Industries*, by Dr. Walter Clarke. . . . *The Control of Venereal Diseases among National Defense Workers*, by Dr. R. A. Vonderlehr. . . . *The Public Health Officer and the Government Program for Protection of Soldiers, Sailors and Workers from Syphilis and Gonorrhoea*, by Dr. Millard C. Hanson. . . . *The Citizen's Part*, by Dr. Rogers Deakin. . . . *A Layman's View of Social Hygiene and National Defense*, by Philip R. Mather. . . . *Syphilis and Industry in New Orleans*, by George E. Schneider.

**In May.**—This is to be *Number IV* in the *National Defense* series, this time dealing with the needs of youth. . . . Dr. Thomas A. Storey's recent outline of health education for college student will be included.

**"In Defense of the Nation."**—This new one-reel talking film clicks along merrily. If you have not yet asked for a review print, NOW is the time . . . (*no charge for*

*this service—but of course we feel certain you'll want to buy it after seeing it*). . . . Please plan your preview to include as many community groups as possible, as our supply of prints on approval is limited. . . . You will want to see the new free folders describing this new educational film. . . . One of them (*Pub. No. A-334*) contains the entire text as narrated. The other has scenes from the film and other illustrations (*Pub. No. A-335*). . . . The price of *In Defense of the Nation*, you remember, is \$75.00 for 35 mm. and \$50.00 for 16 mm., transportation extra. A few days must be allowed for filling an order.

**Two More New Films.**—In preparation are two more items on the A.S.H.A. film production schedule: *First*, a one-reel, talking film for industrial groups on syphilis and gonorrhoea; *Second*, a one-reeler talkie for the general public which will tell the story of gonorrhoea as *With These Weapons* tells the story of syphilis. This is the film for which many of you have already placed orders, and which had to stand aside for *In Defense of the Nation*. . . . Both films we hope will be completed before the end of 1941. *Prices will be as for other one-reel productions with sound* . . . 35 mm. \$75; 16 mm. \$50.

**New Defense Exhibit.**—Eight posters and charts. Wall size, per set unmounted, \$1.00; per set mounted, \$3.00; 8½" x 11", 10 cents per set. . . . *Please get your orders in early.*

**New Publications.**—Response has been gratifying to the low price advance of printing offer on Dr. Snow's *Special Pamphlet Series: Health for Man and Boy* . . . *Women and Their Health* . . . *Marriage and Parenthood*. . . . There is still time to take advantage of the low price of \$60.00 per thousand sets of the three titles.

**For Industry.**—*Vital to National Defense* (*Pub. No. A-341*) is the title of a brief, new, popular, educational folder written by Dr. Walter Clarke for defense industrial workers. *Ask for free sample copy.* This text covers the same ground as the popular *So Long Boys—Take Care of Yourself*, of which nearly 400,000 copies have been distributed among Selective Service candidates. . . . A new payroll envelope stuffer, *Industry Guards against Syphilis* (*Pub. No. A-340*), is 50 cents per 100, \$3.00 per 1,000. . . . *Sample copies free.*



# Journal of Social Hygiene

Social Hygiene and National Defense. III.



An Industrial Program

## CONTENTS

Syphilis, Gonorrhea, and National Defense Industries.....	Walter Clarke.....	169
The Control of the Venereal Diseases among National Defense Workers.....	R. A. Vonderlehr.....	175
Protection of Soldiers, Sailors and Workers from Syphilis and Gonorrhea:		
I. From the Standpoint of the Public Health Officer.....	Millard C. Hanson.....	181
II. The Citizen's Part.....	Rogers Deakin.....	186
A Layman's View.....	Philip R. Mather.....	191
Syphilis and Industry in New Orleans.....	George E. Schneider.....	196
Social Hygiene Day—A Year-Round Project in Health Education.....	Jean B. Pinney.....	199
Editorials:		
Shift Them to the Right Side of the Ledger!.....		210
The Journal Series on National Defense.....		211
A Letter from Paul V. McNutt.....		212
National Events.....		213
In and Out of the Newspapers.....		215
Youth Notes.....		217
Publications, Films and Exhibits.....		218
Announcements.....		220

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM

WILLIAM F. SNOW

EDWARD L. KEYES

JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*

WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.

SOUTHERN STATES DIVISION: 282 Audubon Street, New Orleans, La.

MRS. WILLIAM HALLER, JR., *Field Secretary*

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.

MISS ELEANOR N. SHENEHON, *Field Secretary*, 122 E. 7th St., Los Angeles, Cal.

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311

MRS. GERTRUDE R. LUCE, *Field Secretary*



## VITAL TO NATIONAL DEFENSE

"It is now generally conceded that if we are to advance in the development of physical and mental well-being among workers, we must pay attention not only to the working environment but also to factors associated with conditions outside the work place. It is therefore obvious that the health of industrial workers is a matter of concern not only to industry but to the community at large. Thus, industrial hygiene takes on a new meaning and may be said to be public health applied to gainful workers."

DR. CLARENCE D. SELBY, *Chairman*  
Industrial Medicine Sub-Committee  
of the Council for National Defense

The frontispiece shows some of the 10,000 workmen who are building the 45,000-ton super-dreadnaught, **Wisconsin**, at the Philadelphia Navy Yard, pictured as they watched the Yard's Commandant, Admiral Watson, weld the first plate into place at the keel-laying ceremony.

# Journal of Social Hygiene

VOL. 27

APRIL, 1941

NO. 4

## **Social Hygiene and National Defense. III. An Industrial Program**

### **SYPHILIS, GONORRHEA, AND NATIONAL DEFENSE INDUSTRIES**

*A report presented to the Board of Directors of the American Social Hygiene Association, April 8, 1941, and approved for further study and action.*

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*



DR. CLARKE

In the past, the American Social Hygiene Association has given attention to the problems of syphilis and gonorrhoea in industries and has devoted much personnel time and material resources to this phase of social hygiene. In substance, the problem is to persuade industrial medical services to give due attention to these infections, to the end that industrial workers may be instructed and that cases of syphilis and gonorrhoea among them and their

families may be discovered and adequately treated by private physicians, the medical department of the industry, or in public clinics. To encourage this action, we have recently published two special issues of the JOURNAL OF SOCIAL

HYGIENE, certain pamphlet material, and various posters and exhibits.\* We have also made many studies in industries and have given medical consultant services on request.

*Industry's Losses from Venereal Disease*

At the present moment, it is desirable to emphasize this aspect of our work in relation to national defense industries. It is known that the prevalence of syphilis and gonorrhoea among industrial workers is high enough to constitute a serious problem. It is believed that the substantial losses to workers and to industry may be classified as follows:

1. Impaired efficiency of workers ill but not absent.
2. Loss of time and wages due to absenteeism.
3. Idle machines due to absenteeism.
4. Cost of labor turn-over due to prolonged absenteeism.
5. Compensation costs directly or indirectly due to syphilis or gonorrhoea.
6. Hospitalization costs due to these diseases and their complications.
7. Taxes for institutions caring for late results of syphilis.
8. Cost of illness and other disturbances in the families of infected workers.

If it were possible to estimate these costs, the total would be very high indeed, and venereal diseases would be found among the greatest causes of economic loss attributable to illness among industrial workers.

*Some Indications of the Prevalence of Syphilis in Industrial Groups*

While information concerning the prevalence of venereal disease among industrial workers is not generally available, and practically no information regarding the number of cases of gonorrhoea exists, studies of certain industrial groups with regard to syphilis infections reveal from 1 to 16 per cent suffering from this disease. Some recent figures show:

<i>Groups Examined</i>	<i>Number Examined</i>	<i>Per Cent Syphilitic</i>
Industrial workers in Chicago.....	145,000	
1939.....		3.0%
1940.....		2.4%
1940—iron, steel and machine workers alone		3.8%
Industrial workers in Cincinnati, 1939.....	24,000	3.8%
Employes of DuPont Company, 1939.....	37,000	4.0%
Employes of New York Central System.....	10,000	4.7%

A recent summary of studies of various groups for the years 1935-40 included:

<i>Groups Examined</i>	<i>Number Examined</i>	<i>Per Cent Syphilitic</i>
Industrial employes .....	183,718	3.4%
Relief groups .....	22,937	9.2%
Food handlers .....	37,647	5.0%
Barbers and beauticians .....	5,066	5.7%

\* See pages 217-19.

Some earlier occupational studies have recorded such figures as the following:

<i>Groups Examined</i>	<i>Number Examined</i>	<i>Per Cent Syphilitic</i>
Milk handlers in San Francisco, 1930.....	700	4.0%
Milk handlers, drivers of public conveyances in in Seattle, 1927-31.....	26,408	3.7%
Barbers in Oklahoma, 1930.....	—	13.0%
Company employees in West Virginia, 1931:.....	4,448	8.5%
American, White.....	2,372	5.1%
American, Negro.....	1,298	16.0%
Foreign-Born.....	778	6.4%
Railroad employees in Minnesota, 1920:.....	128	11.7%
Laborers.....	243	6.1%
Merchants, tradesmen.....	236	3.2%
Farmers.....	536	1.4%
Skilled, semi-skilled, and clerical employes in a manu- facturing company in New York, 1923-25.....	3,447	3.5%
Unemployed casual laborers in Minnesota, 1931.....	277	8.4%
General rural population, mostly agricultural workers in New Mexico.....	5,237	5.1%
Spanish-American.....	3,926	6.4%
Anglo-American.....	1,311	1.3%

*“ . . . Not by Bread Alone . . . ”*

It is not assumed that the sole interest of employers and workers is the economic aspect. Workers wish to be well and strong as one of the conditions of happiness, and employers usually have a humane interest in the welfare of workers and their families whom they prefer to keep healthy and happy.

*Is the Defense Industrial Worker  
Protected from Syphilis and Gonorrhoea?*

Compared with Army and Navy personnel, the defense industrial worker is at a great disadvantage in regard to the prevention and medical care of syphilis and gonorrhoea. A comparison follows:

	<i>Soldiers and Sailors</i>	<i>Defense Workers</i>
1. <i>Recreation and other morale-sustaining activities</i>	Officially provided in military establishments	Availability depends on facilities of community—often lacking
2. <i>Instruction re syphilis and gonorrhoea</i>	Frequent Explicit	Usually none
3. <i>Medical inspection to find cases of venereal disease</i>	Frequent	Not done
4. <i>Diagnosis and treatment</i>	Available free, and excellent	With few exceptions only available in private practice or in clinics often not easily accessible
5. <i>Action against dangerous conditions: prostitution, et cetera</i>	Aggressive policy of repression. Resorts placed out of bounds	Depends on local authorities. Conditions often very bad
6. <i>Prophylaxis:     Chemical     Mechanical</i>	Fully available in every command	None available except as individuals may buy and use it without specific instruction
7. <i>Public interest and concern re welfare</i>	Generally good	Generally less interest in workers' welfare as such

*Social Hygiene Problems of Defense Industries  
Are Difficult and Urgent*

Thus the social hygiene problems of industry are more difficult and at present quite as urgent as those of the armed forces, if we believe that the production of arms, munitions, ships, planes, and other materials is essential to national defense. These problems are complicated by the displacement of large numbers of workers who have been concentrated, often under very bad housing conditions, in areas far removed from their homes. Also, the very fact that these workers earn substantial wages makes them more desirable prey for the exploiters of prostitution who are interested in dollars, whether from men in overalls or in uniform. Prostitutes spread infection to workers, who have fewer safeguards thrown about them than do soldiers and sailors. A high rate of infection among workers constitutes a greater threat to the general population, especially to wives and children of infected men, than would an equally high rate among soldiers and sailors, since the latter are under strict medical control, while infected workers can leave the industry and community when they please, whether infectious or not.

*A Cooperative Program for Industrial Health*

There is general agreement on the medical and health measures recommended to industry regarding syphilis and gonorrhoea. They are as follows:

1. Carry on educational programs regarding syphilis and gonorrhoea and other health hazards.
2. Blood tests as part of pre-employment and other routine medical examinations.
3. Unless medically indicated, no refusal of employment merely on the basis of diagnosed syphilis or gonorrhoea.
4. Defer employment of acute gonorrhoea and early syphilis until non-infectious and asymptomatic. Deny employment to men and women medically unfit.
5. Require infected employes to receive adequate treatment by private physicians, public clinics, or plant doctors, according to economic status of patient and availability of medical services.
6. Protect absolutely the confidential character of information regarding syphilis and gonorrhoea.
7. Work closely with workers' organizations in the interests of the health of employes.
8. Use the influence of employers and of leaders of employes to induce civil authorities, the police, health officers, et cetera, to:
  - a. Clean up bad prostitution conditions;
  - b. Provide adequate public diagnostic and treatment services for those unable to pay;
  - c. Provide laboratory and other needed services to industrial medical departments; and
  - d. Provide a community recreational program.



*Experience Shows This Plan Works*

Ample experience proves that such activities are of great benefit to workers, employers, and communities. Some of the greatest industries carrying on substantially this program are the duPont Corporations, the Caterpillar Tractor Works, the Aluminum Company of America, the General Electric Company, the Koppers Coal and New River Coal Companies.

In spite of such experience, however, many businesses and even the United States Government—one of the greatest employers—have not yet been persuaded to apply this policy in behalf of all their personnel. The prevailing view among those Federal, State, and city administrators and business executives responsible for failure to adopt this policy is that such a person is considered a bad industrial risk or will prove expensive in costs for medical care or early retirement for disability.

Governments in common with private employers should know what risks are involved in the employment of any person. This is equally in the interest of the employee. A blood test and competent examination should be made. Discovered syphilis in an applicant should be adequately treated and not made a reason for refusing employment, except on sound grounds. When syphilis is automatically made a bar to employment, it leads to hiding of the infection and consequently becomes a serious bar to progress of syphilis control in industry and also in the community. Indirectly for the same reasons such a policy adversely affects progress in finding and treating gonorrhoea cases.

It is highly desirable that our governmental agencies should provide stimulus and leadership to private industry and business enterprises in this matter by requiring all governmental administrative branches to carry out the measures agreed upon. The United States Public Health Service and the American Social Hygiene Association, being nationally representative of official and voluntary agencies particularly interested in this matter, can profitably devote some attention to the arrangement of conferences in which the responsible government officials would join with health and medical and industrial experts in a review of the whole situation.

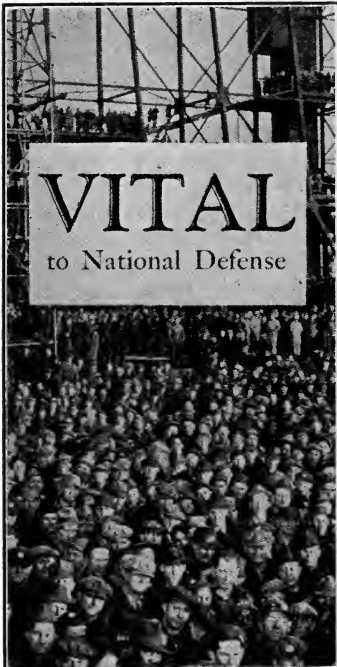
*The American Social Hygiene Association Presents an Expanded  
Plan to Aid Industry in Reducing Losses from  
Syphilis and Gonorrhoea*

The recent extension of government activities in the repression of prostitution and sex delinquency affecting Army and Navy personnel will make it possible for the American Social Hygiene Association to devote more of its resources to promotion of the protection of industrial workers. In this activity it will especially cooperate with the United States Public Health Service, Division of Industrial Hygiene, and Division of Venereal Diseases, and also with similar divisions in state health departments. The program of work, recom-

mended after preliminary studies and conferences with Public Health Service officials and industrial hygienists, will be as follows:

1. Suggest that the Federal government bring its policies into line with the best accepted industrial medical practices in regard to venereal diseases.
2. Instruct workers in regard to venereal diseases. This is a basic endeavor, good in itself and of permanent value. It is also a preliminary to further action by an industrial medical department. The Association should aid by providing materials, demonstrating methods, and promoting this phase of industrial health work.
3. On the basis of practical field studies, interest employers and workers in the improvement of conditions and facilities of communities where workers live, and to which industries and workers pay large taxes.
4. Through consultant service, advise industries regarding practical procedures for the discovery and treatment of syphilis and gonorrhea in employes and applicants for employment.
5. Carry on general promotional activities to interest the public, workers, employers and public officials in the social hygiene problems of defense industrial personnel.

It is believed that such a program of activities instituted at this time will contribute greatly to the protection of workers, will help prevent economic loss, and will promote national defense, while doing much to reduce the prevalence of syphilis and gonorrhea in the general population.



### A New Popular Leaflet for Industrial Workers

This leaflet, written by Dr. Walter Clarke especially for industrial defense workers, is available for free distribution in reasonable quantities, to unions, employers, social hygiene societies, fraternal and other organizations.

## THE CONTROL OF THE VENEREAL DISEASES AMONG NATIONAL DEFENSE WORKERS \*

R. A. VONDERLEHR, M.D.

*Assistant Surgeon General, U. S. Public Health Service*



DR. VONDERLEHR

We are now getting some idea of the size of the syphilis problem among the young men being called before the local draft boards.

The United States Public Health Service has made a preliminary tabulation of 120,000 blood tests and physical examinations for syphilis performed on Selective Service candidates during November and December, 1940. The 23 States included in the study were divided into four groups according to the extent of the syphilis problem they presented. The average rates of infection were:

*Group I*—North Dakota, Minnesota, Wisconsin, Rhode Island, Nebraska, and Utah—7 per 1,000 men examined.

*Group II*—Wyoming, Michigan, Colorado, New Jersey, Ohio, Montana, New York, and Kansas—19 per 1,000 men examined.

*Group III*—West Virginia, Oklahoma, Maryland, Tennessee, and Alabama—61 per 1,000 men examined.

*Group IV*—Georgia, Louisiana, Mississippi, and Florida—114 per 1,000 men examined.

It will be noticed that the two groups with the highest average rates are southern states. Comparison shows that they also were among those states which had the highest syphilis rates for men drafted in the last World War. Direct comparison of rates for syphilis then and now cannot be made because routine serologic tests were not performed on drafted men in the 1917–1919 period, but we can see nevertheless that after 20 years the geographical distribution of the problem is practically the same.

\* Address delivered before the Regional Conference on Social Hygiene and National Defense at St. Louis, Missouri, February 5, 1941.

All told, more than 5,000 cases of syphilis have already been found among Selective Service candidates. In so far as the infected men are rejected or deferred as unfit for immediate military service, they remain wholly a civilian problem—a problem of treatment for the health department and the medical profession of the community in which they live. They are of the age group of young men who may be employed in defense industries.

### *The Industrial Problem*

The rate of syphilis infection among Selective Service examinees is similar to that found in recent serologic surveys of industries. During the past two years, 145,000 industrial workers were tested in Chicago. The 1939 positive rate was 30 per 1,000 and the 1940 rate, 24. The 1940 rate for iron, steel, and machine workers alone, however, was 38 per 1,000. A survey last year of 24,000 industrial workers in Cincinnati also showed 38 per 1,000 with positive reactions. Among 37,000 employees of the du Pont Company the rate was 40 per 1,000; among 10,000 employees in the New York Central System, 47 per 1,000. Earlier industrial studies have shown higher rates.

The problem of protecting new concentrations of workers in defense industries appears even more difficult than for military concentrations. Some idea of the movement of defense industry workers may be gathered from a report made by the Bureau of Labor Statistics of the United States Department of Labor on *Labor Requirements Estimated for the Aircraft Industry under the National Defense Program*. The estimate is made on the number of man hours of work necessary to fill orders for airframes, engines, and propellers which the industry is committed to produce by August 1941. Said the report:

“For October of 1940, it is estimated that there were 203,600 workers engaged in making airframes, air engines, and propellers. By August 1941, it is estimated that number will be 455,500 workers. In other words, if the industry is to be able to deliver according to schedule, it will have to hire and train a quarter of a million new workers. . .”

The 26 airframe, 11 engine, and 2 propeller plants of the United States, together with other plants to be built, will be the points of concentration for the 250,000 new workers needed. Of the 39 existing plants, 12 are listed as on the Pacific Coast, 13 as on the Atlantic Coast, 5 as on the Canadian border, and 9 as in the interior of the United States.

The location of the principal plants and the estimated number of new workers needed at each are as follows:

<i>Location</i>	<i>Workers Needed</i>	<i>Purpose</i>
Los Angeles, Calif., area <sup>1</sup> .....	23,000	Airframes
San Diego, Calif.....	13,000	“
Seattle, Wash.....	15,000	“
Wichita, Kans.....	7,000	“
Dallas, Texas.....	6,000	“
St. Louis, Mo.....	10,000	“
Nashville, Tenn.....	5,000	“
Buffalo, N. Y.....	19,000	“
Columbus, Ohio.....	12,000	“
Long Island, N. Y., area <sup>2</sup> .....	18,000	“
Baltimore, Md.....	32,000	“
Indianapolis, Ind.....	4,000	Air Engines
Detroit, Mich.....	11,000	“
Pottstown, Pa.....	1,000	“
Williamsport, Pa.....	1,000	“
Paterson, N. J.....	1,000	“
East Hartford, Conn.....	7,000	Air Engines and Propellers
Paterson, N. J.....	1,000	Propellers

<sup>1</sup> Includes Santa Monica, El Segundo, Burbank, Inglewood, Hawthorne, Downey.

<sup>2</sup> Includes Long Island City, Bethpage, and Farmingdale.

These figures indicate the scope of aircraft industrial expansion only. The 63 defense housing projects approved by the President present a similar health problem in the 26 States and 2 territories where construction will be carried on. The movement of workers among the 11 United States Navy shipyards and the 72 private shipyards comprises another major phase. The shipbuilding industry is reported to have employed about 160,000 men during the past year. The common practice has been to lay off workers between the time one ship is completed and the next begun. The “between ship” lay-offs have been at the rate of about 8,000 a month, with the result that a great many move on to other yards where they can obtain immediate work.

The Division of Industrial Hygiene has shown that 1,400,000 of the Nation's 50,000,000 gainful workers lose time each year through temporary disabilities of nonoccupational origin, the average industrial worker losing 10 days annually. Nonoccupational causes of disease and injury are responsible for ten times as great a loss in time as the occupational causes. The cost of nonoccupational sickness in industry has been estimated by other investigators as ten billion dollars a year. Due to the strictly personal nature of the venereal diseases, it has not been possible to determine the time and money lost in industry because of syphilis and gonorrhea.

We have an indication, however, of the effect of syphilis upon a man's ability to work. In 1934 a resurvey was made of 1,300 of the plantation laborers who had received treatment for syphilis during the 1930-1932 Rosenwald demonstration control program in six southern states. It was found that those in poor health had dropped from 39 per cent before the demonstration to 4 per cent two years afterwards. Moreover, 40 per cent had been unable to do a full day's work before, whereas, only 7 per cent indicated their inability to do

so after the demonstration. It was most striking that this gain in working ability occurred despite the failure of most of these individuals to receive adequate treatment by present-day standards.

The U. S. Army and Navy provide both historical and present-day records of the time lost from duty as the result of syphilis and gonorrhea. But one need not go as far back as World War experience, when 8,000,000 days were lost because of venereal diseases in Army and Navy combined. The report of the Surgeon General of the Army for 1938 shows that gonorrhea headed the list as a temporary disabler during the previous year. Three men in every 1,000 were constantly absent from duty because of gonorrhea. Syphilis ranked sixth as a cause of noneffectiveness, the rate being slightly less than 1 per 1,000. Together, syphilis and gonorrhea caused nearly four times as much absence from duty as any other disease.

*A Statement of the Venereal Disease Control Problem in National Defense*

*An agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated* recognized that venereal disease control in military areas and venereal disease control in industrial areas are simply different phases of the same problem. The sources of infection for both soldier and worker lie in the civilian population—the greatest single source being the prostitute, amateur or professional. The industrial program, if anything, is more difficult, however. The leisure activities of the worker are subject to no regulation serving to protect him from exposure to venereal disease or to assure him of adequate treatment when infected. The soldier or the sailor is disciplined by his commanding officer to use prophylactic facilities to prevent infection and to report for treatment if infected. He will be called upon to furnish information regarding contacts which will be turned over to local health authorities. There is no certainty that all this will be so for the industrial worker.

Comparatively few programs exist for controlling venereal diseases among workers in any particular industry. Quite a number of industries require either pre-employment or periodic tests for syphilis, or both. Some do have good programs designed to encourage the infected worker to seek treatment, but these constitute only a fraction of all defense industries. A few communities, of which Chicago, Cincinnati, and Buffalo are examples, and here and there a State, such as Illinois and New Jersey, have conducted industrial programs. On the whole, however, the alignment of the nation's industries against venereal disease among their workers has been accomplished in a minority of instances.

Since the sources of infection lie in the community—beyond the direct control of the industrialists—the soundest approach to the

problem appears to be reflected in the agreement mentioned above and to be stated succinctly in a tentative proposal for a *Cooperative Program with the States, Industry, and Labor to Control Venereal Disease among the Industrial Workers*.

The program should be developed on a community basis. It should be closely integrated with work being done by State industrial hygiene units who are familiar with the type and location of the industries in the State, the number of persons employed, and the relationships of labor organizations.

The methods employed in carrying out a program for the control of venereal diseases among industrial workers will vary according to the local situation and the availability of diagnostic and treatment facilities.

The following basic principles should be adapted to meet local needs:

(1) There should be complete agreement between employers and labor organizations.

(2) An educational program should be developed which will teach the employee the facts about venereal diseases, how they are contracted, how they spread, and how they may be cured. The educational program should include information concerning prophylaxis.

(3) Routine blood tests should be made at the time of employment and also at subsequent examinations. A positive report should not be a reason for denying employment if there is no evidence of involvement of the nervous and cardiovascular systems. Individuals who have a positive blood test must agree to take the necessary treatment to effect a cure. They should be referred to the family physician, or to a public clinic if they are unable to pay for private medical care, for confirmation of the diagnosis and indicated treatment.

(4) All information pertaining to the diagnosis and treatment of venereal diseases must be considered strictly confidential.

(5) Follow-up services on cases which lapse from treatment should be provided.

A control program in the civilian population depends upon public education and the availability of adequate diagnostic and treatment facilities. Epidemiologic organization is necessary in any attempt to "break the chain of infection."

Experience has shown that wartime conditions accelerate the incidence of syphilis and gonorrhoea if exceptional measures are not taken to combat them. A moral recklessness is produced by the disturbance of stable social patterns of life. Venereal disease exposure increases in direct ratio with promiscuity.

Thus, it may be seen that an "all-inclusive defense" program designed to continue for five years stands as an apparent threat to the substantial progress made since the inception of the National Syphilis Control Program in 1936. At a time when the State and local health officers cooperating with the United States Public Health Service are able to show definite progress in the peacetime conquest of venereal diseases, social conditions threaten to become so altered that the gains of the venereal disease control workers may be seriously reduced. The problem, then, is twofold:

1. To contribute to the physical fitness of soldiers and workers by keeping them free of venereal diseases.
2. To guard against loss of ground gained by the civilian venereal disease control program, which must continue during and after the emergency.

In essence, then, the venereal disease control worker, to contribute to national defense and to preserve a program for the public good, may have to double his past efforts simply to hold the advances made; and, to offset the danger of a reverse in the venereal disease trend, may be obliged to triple his efforts in order to make further progress.

All of us must work together to stop the sabotage by syphilis and gonorrhea.

---

"What can the employer and employee do to protect themselves and to protect defense production from the needless losses caused by venereal disease? The best answer, I believe, is to make full use of existing facilities for the prevention, detection and treatment of these diseases, and, wherever necessary, to expand these facilities to prevent accelerations of the venereal disease rate. . . . Above all, an educational program must be developed, preferably with the cooperation of not only the industries but also of the newspapers and radio stations within the community. Every effort should be made to impress the workers with the facts about venereal disease—the prevention, cause, cure and the personal and social dangers involved. . . ."

WARREN F. DRAPER, M.D.

*Assistant to the Surgeon General, United States Public Health Service, in an address before the Regional Conference on Social Hygiene, Philadelphia, February 6, 1941.*



# PROTECTION OF SOLDIERS, SAILORS, AND WORKERS FROM SYPHILIS AND GONORRHEA

## I. FROM THE STANDPOINT OF THE PUBLIC HEALTH OFFICER \*

MILLARD C. HANSON, M.D., DR. P. H., F.A.P.H.A.

*Director, Pittsburgh Syphilis Control Program*



DR. HANSON

Several years ago a large sequoia tree fell mysteriously. Having survived the rigors of storms for more than a century, the tree was destroyed by a tiny insect that could have been crushed between one's thumb and forefinger. The insect had eaten away at the vital structure of the tree. Venereal diseases are a menace to the physical and economic life of our nation, and imperil our well-being at a time when the National Defense Program neces-

sitates the unimpaired resources of our man power.

The United States Army and Navy, in spite of having less venereal disease than the military forces of any other nation in the first World War, reported 157,000-odd more new cases of syphilis and gonorrhoea than there were battle wounds; and sick days lost totaled the equivalent of the absence for an entire year of 20,600 men.

Because similar statistics for the civilian population are not available, we can only reason from incomplete data on prevalence and the Army and Navy experience that the time lost to the civilian population is tremendous. The expense and misery these diseases cause the individual and his family are likewise tremendous. The public burden in providing hospitals, treatment facilities, and support for dependents in meeting the problems resulting from these diseases gives further evidence of their ravages. If any other disabling disease with as much medical knowledge available to be used in its diagnosis, treatment, and control approached the prevalence of the venereal diseases, the public would rightfully arise in an energetic indignation that no health officer would relish or find easy to appease.

However, the public must assume responsibility for this situation because of having too long prohibited open discussion of these diseases. As a people we have refused to admit this public health menace, like the farmer who, on seeing a giraffe for the first time at the

\* Address given at the Regional Conference on Social Hygiene and National Defense at Philadelphia, February 6, 1941.

circus, although the animal with the long neck was before his very eyes, shook his head in doubt and said, "There ain't no such animal." We have failed to insist that something be done about it until the last very recent years.

Because of the crusade and persistence of Dr. William F. Snow and Surgeon General Thomas Parran, the public attitude has changed and now asks that something be done about it. This is fortunate indeed, and assures support and assistance of the community for development of venereal disease control programs that are needed at this time. It is hoped that they will be planned for a long term rather than as a temporary part of the National Defense Program. We should not demobilize venereal disease control programs when the present defense program terminates.

The health officer has a great opportunity and responsibility in providing a well-rounded control program for his community. His program protects the civilian population—from which man power originates, and which harbors the great reservoir of infection that keeps alive the epidemics of these diseases.

Specifically, the National Defense Program is producing new and greater problems for the health officer. The defense program necessitates the rapid gathering of large numbers of people into camps and industrial centers, many of whom will be young and removed from the home and its restraining influence for the first time. Prostitutes gravitate to centers of concentration to ply their trade in more favorable economic circumstances. The larger pay rolls and the uniform are prone to produce a lowering of the moral standard, which results in increased exposures. Recreational facilities of the community may prove to be insufficient, which encourages exposure to these diseases. New administrative problems are to be dealt with, including development of working relations with Selective Service Boards, the Army and Navy and National Guard enlistment and mobilization activities, and expansion of facilities to meet new demands. To meet the new problems and assure a more efficient plan, the health officer must review his program. There will be need of a general intensification of the venereal disease control program and perhaps a shifting in emphasis. Caution should be exercised to prevent the so-called control program from consisting chiefly, if not entirely, of a series of treatment clinics, with little emphasis being placed on prevention or case-finding. A program not providing for the finding of the sources of infection is not a control program.

What then are the essentials of a control program that gives promise of effectiveness?

Such a program should provide for educational activities, diagnostic and treatment facilities, and epidemiology. Beyond these activities, the local government, through the co-operative efforts of the courts, police department, and health and welfare departments, should exercise control over prostitution and provide ample recreational facilities.

In suggesting a control program for a community, the Pittsburgh Syphilis Control Program will be described with the feeling that although it may not have all the answers, it does offer possibilities.

In the belief that diagnostic procedures should receive greater emphasis than is usual, a central diagnostic clinic was established and acts as the hub of the diagnostic and treatment activities. This clinic, as the name implies, is confined entirely to the diagnostic field. It is equipped to carry on complete diagnostic services, including cardiograph studies and spinal fluid examinations. It is staffed by clinicians from the faculty of the University of Pittsburgh School of Medicine. The diagnostic clinic is available as a consulting service to all clinics in the city and to all physicians needing aid in providing special examinations for their patients. All cases newly discovered by the Program are sent through the central diagnostic clinic for complete physical examination and evaluation before referral to a treatment clinic. Periodically they are returned to the diagnostic clinic for review and future treatment planning. Free blood tests are available to anyone at the diagnostic clinic and treatment clinics.

Treatment clinics are established in different parts of Pittsburgh as the need indicates.

With this plan it is felt that a more intelligent clinical management of the patient will result by avoiding the usual prolonged treatment period without physical examination.

In the central diagnostic clinic all new patients are interviewed. This provides an opportunity for a careful inquiry as to the source of the disease and contacts that should be checked upon if we are to stop that particular epidemic. The patient is advised about his infection, its nature, what he has to expect in the treatment of his condition, the danger he may be to his associates, and that his progress depends in a great measure upon his faithfulness in attendance for treatment. At the close of each session the medical social worker and the director of public health nurses review cases, and a decision is made as to whether the individual needing follow-up service can best be handled through the nursing activities or by referral to some co-operating social agency. The epidemiological work and the bringing of contacts of new cases under observation are the responsibility of the public health nurses of the city health department and the unofficial Public Health Nursing Association.

The city health department laboratory facilities were expanded to meet community needs, including those of the Syphilis Control Program, Selective Service boards, recruiting demands, premarital and prenatal blood tests, and industries. The laboratory facilities are available, without charge, to all clinics and physicians.

The educational activities have been planned to reach not only the public but those in the technical fields as well. Conferences are arranged for social workers in the city, at which time information on syphilis and gonorrhea is given; the problems arising from the diseases are discussed; interpretations of the Program are presented; and discussions as to how social workers may co-operate with the Program are held. Conference periods for all laboratory workers were arranged to provide an opportunity for them to discuss the Kahn test with the author, Dr. Reuben L. Kahn. The objective of this

institute was to obtain a standard Kahn test devoid of all the variations that occur from time to time.

In presenting information to the public, all available educational materials and channels are used, such as the press, the radio, talks to community groups, personal interviews, motion pictures, street car posters, and pamphlets. It should be kept in mind that syphilis appears as early as the fifteenth year, and the younger age groups should be reached by the educational program. At every opportunity everyone is urged to have a blood test to be sure he does not unknowingly have a syphilis infection.

The importance of syphilis control in industry is emphasized when it is realized that about one-half of this country's population is included in the families of the workers in the mining, mechanical, and metal trades. To have the active support of industrial workers will greatly aid the outcome of any syphilis control program. Industry will benefit by the decrease in time-loss of untreated individuals, avoidance of prolonged disability from accidents complicated by syphilis infections, and through lowered taxes which will result if syphilis is under control. The individual will benefit by knowing of his infection so that he can provide himself with proper treatment, and thus avoid interruptions in his work and enjoy increased efficiency and happiness. The plant physician is valuable to the worker, for he can advise the worker and help him arrange treatments with his own physician or at a clinic.

The program recommended by the Surgeon General of the United States Public Health Service is as follows:

1. Routine blood tests should be made on all employees at times of re-examination.
2. Routine blood tests should be made on all applicants for employment.
3. Patients with syphilis, if noninfectious, should be kept in employment and also accepted for work provided they agree to take the necessary treatment for syphilis. Those refusing treatment must be referred to the local health department.
4. All persons with syphilis found by blood-testing should be referred to the family physician for confirmation of the diagnosis and for treatment of the disease. If the worker is unable to pay for this service, he should be referred to clinics where diagnosis and treatment are available.
5. Strict confidence must be maintained between the plant physician and the worker regarding his condition.
6. Cases should be followed up by the plant physician and his staff to assure that the patient continues treatment and that adequate treatment is being received. If facilities are available, health departments may assist in the follow-up of cases.
7. An educational program should be developed which will teach the employees the facts about venereal diseases, how they are contracted, how they are spread, and how they may be cured. The educational program should include information concerning prophylaxis.

At present, groups representing 125,000 industrial workers in Pittsburgh are cooperating in a program patterned closely in its main features to the program outlined above. The blood specimens are collected by the industries' medical offices. The serology is done in the city health department laboratories.

In the matter of the control of prostitution, it is recognized that this is a police problem rather than a public health problem. However, the health officer, in his efforts to control venereal disease, has a real interest in the problem of prostitution within his jurisdiction and should attempt to obtain the support of the police and courts. The citizenry of the community, with the leadership of the health officer, should be aroused to the threats of this practice and should lend support to all enforcing agencies for the control of prostitution. Usually there is sufficient legislation, which, if properly enforced, will do much to curtail the evils arising from prostitution. If such legislation does not exist, this should be called to the attention of the legislating bodies of the community.

It is to be regretted that the community health program is confronted with a public attitude making establishments for chemical and mechanical prevention of syphilis and gonorrhoea impossible. The place of this part of a control program is admirably expressed in the following excerpt taken from the *Preliminary Statement* by the Special Joint Committee appointed by the American Social Hygiene Association and the United States Public Health Service:

“The Committee is cognizant of the fact that chemical and mechanical prophylaxis is only one phase of preventive medicine. The prevention of syphilis and gonorrhoea by chemical or mechanical means is supplementary to and not a substitute for the prophylaxis of these diseases by educational measures which employ ethical and religious motives. Nor does chemical or mechanical prophylaxis justify any relaxation of efforts to reduce to a minimum exposure to infection by discouragement of prostitution and other forms of sexual promiscuity. In the case of syphilis and gonorrhoea, as with other communicable diseases, the best and surest method of prevention of infection is the avoidance of exposure. Educational, religious, sociologic and legal activities which tend to prevent exposure to infection are of great importance. At the same time, however, the Committee is fully aware of the fact that sexual promiscuity is a very important factor in their spread. To decrease the number of carriers among this group of men and women, chemical and mechanical prophylaxis is necessary and hence is complementary to educational measures.”

Undoubtedly, if such preventive measures could be generally adopted it would be a real contribution in the control of these diseases.

---

“Safeguarding the health of our employees is, in my opinion, the greatest and most important task before us at all times.”

WILLIAM S. KNUDSEN

*Director, Office of Production Management,  
for the United States Defense Program.*

## II. THE CITIZEN'S PART \*

ROGERS DEAKIN, M.D.

*Member of the Board of Directors, Missouri Social Hygiene Association; Special Consultant, United States Public Health Service*



DR. DEAKIN

The mechanism already in existence for the social study of venereal disease by non-governmental agencies such as the American Social Hygiene Association and its allied groups may be referred to again at the risk of reiteration. These organizations, whose membership includes men and women from all walks of life, might be classed as organized minorities, but with the distinction that they have the wholly admirable purpose of decreasing the incidence of venereal disease. Each local or state group, like the parent organization, is dedicated to a program of providing a "better understanding of the social hygiene movement, to aiding public authorities in the campaign against the venereal diseases, to combating prostitution and sex delinquency, to fostering successful family life and to advancing sound sex education."

It is both fitting and understandable that in the present national defense emergency the group of citizens who comprise the roster of these organizations do not shirk their self-imposed responsibility. Rather they redouble their efforts to assist in "telling the great mass of people the truth about syphilis and gonorrhoea—how these dangerous diseases impair national efficiency, how they may be avoided, how cured." As always, they point their efforts toward the "youth, the chief victim whether in the armed forces or in civil life."

Moreover, it is good to realize that the program needs so little adaptation to meet the needs of the present situation. True, the mobilization of armed forces and industry for threatening war accentuates the need for good laws to protect military personnel as well as civilian population against syphilis and gonorrhoea. It calls, too, for a greater rallying of

\* Address delivered before the Regional Conference on Social Hygiene and National Defense at St. Louis, Missouri, February 5, 1941.

more citizens to fight these plagues through community action. Fortunately, an alert citizenry realized some years ago that venereal disease was a community problem as well as a medical problem. Now and for some time past a considerable portion of the public have cooperated with the medical profession to study all aspects of the problem and now present in these organizations a formidable nucleus for greater activity when an emergency arises.

*Cooperation Between the Association and Other  
Community Groups*

The average citizen naturally looks to the physician to safeguard his interests in the matter of any communicable disease for it is to the physician that the public has delegated the major responsibility for this part of our community life. The physician, however, welcomes the assistance which all may give in the dissemination of knowledge about syphilis and gonorrhoea and the application of sound medical principles in the interest of public health.

The cooperation between the Missouri Social Hygiene Association and other organizations, such as the churches or the Junior Chamber of Commerce, in various educational programs about venereal disease has been particularly impressive to me. We have here organizations whose major purposes are quite different but who have repeatedly pooled their resources so that more people might be informed about syphilis and gonorrhoea. The joint efforts of the Association and the Junior Chamber of Commerce to promote a prenatal blood-test bill in this State typify a community spirit that must inevitably pay large dividends to the community in the form of fewer stillborn or defective children. The support which so many civic organizations lent to the passage of a new city ordinance for the treatment and control of venereal disease in St. Louis is another worthwhile instance of community teamwork.

*Modernization of Municipal Venereal Disease Care*

I think it is fitting at this point to refer again to this forward step which St. Louis has taken to improve the treatment and control of syphilis and gonorrhoea in this area. An obsolete program of municipal treatment for the indigent has been replaced by a modern plan whereby treatment of syphilis and gonorrhoea is decentralized. Treatment in widely separated clinics provides a better distribution of treatment facilities and control has been improved by eliminating the stigma which attached itself to the frequenter of the old municipal venereal disease clinic. The health commissioner has been given greater powers and facilities for regulatory and epidemiologic functions. In short, syphilis and gonorrhoea have been put where they rightfully belong, that is, in the same category with all other communicable diseases. Again, let us remember that the municipal authorities, like physicians, are public servants to whom certain responsibilities are delegated; in this instance, the city health department can now function efficiently as public servants in the treatment

and control of two more important communicable diseases, namely syphilis and gonorrhoea.

With adequate authority vested in this department, commercialized prostitution can be minimized, exploitation of the infected by quacks and charlatans can be prevented, adequate treatment can be made available to all and a major problem in this metropolitan area can be met with confident assurance as to the outcome.

#### *Venereal Disease Program in the State*

Physicians themselves realize full well not only their responsibilities as medical advisers to the individual but also the role they must play as instructors in public health matters. Both the local and state medical societies maintain standing committees on health and public instruction, the membership of which contributes considerable time to the dissemination of information about communicable diseases. These committees likewise serve in an advisory capacity to the health authorities so that there shall be the best possible liaison between the medical profession and the activities of the health authorities. This makes for a more accurate application of accepted health principles to various community problems. Illustrative of this is the recent cooperation of the Committee on Venereal Disease Control of the State Medical Association with the State Board of Health in the establishment of a state program for the treatment and control of gonorrhoea.

The State Health Commissioner was aware of the recent advances in the chemotherapy of gonorrhoea and anxious that these advances be put to practical use in the care of the indigent over the State. With considerable foresight, he had lent support to a demonstration clinic in one of the medical centers of the State so that careful clinical investigation of the problem could be made beforehand. When funds were available and sufficient clinical experience had accumulated to warrant taking statewide action, the Commissioner asked the Committee to meet with him while he laid before them for study his proposals to make chemotherapy available throughout the State to all indigent patients infected with gonorrhoea.

The Committee, as representatives of the State Medical Association and therefore as representatives of the medical profession of the State as a whole, considered and endorsed the suggested program. They collaborated with the Commissioner in the formulation of literature which could be distributed to physicians in the State. The State Board of Health provided the drugs; county and district health officers received post-graduate instruction along with other physicians and a program was launched which will undoubtedly decrease the prevalence of gonorrhoea throughout the State. This does not represent a new departure in the matter of communicable disease but it does illustrate the willingness of health authorities and the medical profession to cooperate in the prompt utilization of new discoveries in the therapeutic field for the benefit of the general public, rich and poor alike.

At the same time, however, Missouri, like other states, has set up a first line of defense against gonorrhoea, not just in large metropolitan areas but in every county and small town within the State. A similar



statewide program against syphilis has been in operation for three years. This is as it should be and represents the ultimate in correlation between mass education and mass prevention of a communicable disease.

*Individual Clinical and Social Research in the Venereal Diseases*

Federal, state and local services against syphilis and gonorrhea are available in most every community. The activities of each agency are so dovetailed and interrelated as to achieve the maximum efficiency against these diseases. The mass action obtained, however, is the summation of many individual efforts, most of which are organized and guided along certain set lines.

There remains, however, the individual effort which is not organized, which is sporadic in character and apt to be distributed unevenly throughout the country. These efforts represent for the most part individual research into either strictly medical or social studies closely allied to the main medical problem. Clinical research in the venereal diseases is carried on to various degrees in most medical centers. This involves not only the services and thought of the interested physician but the assistance of a considerable non-medical personnel, laboratory workers, social workers, clerks, et cetera, all participating in the solution of a research problem. Each worker is a citizen and to a varying degree each worker is contributing to the welfare of his fellow citizens. The idea for an improvement in the treatment of syphilis or gonorrhea may have originated with a physician or it may have come about from a chance discovery of a chemist, but the working out of the new idea to its fulfilment as a practical addition to existing therapy represents the accumulated effort of many people whose training and experience have fitted them for the several tasks required to complete the solution. Let us not forget that many participate in any new scientific discovery and that from the humblest to the mightiest, each participant has played his or her part in the contribution made to the public welfare.

Not all the problems which have to do with the treatment and control of syphilis or gonorrhea are purely medical in their nature. Many factors enter into the response of an individual infected with a venereal disease besides the reaction of his blood or the rapidity with which his cultures become negative. His attitude toward his infection, his economic status, his early training and environment, his misconceptions regarding these diseases—all contribute to his ultimate outcome as a public asset or hazard. Research into behavior, attitudes, family relationships and the many variables which combine to influence an individual's actions should play an important part in our program to combat the venereal diseases. Any program which takes into account the medical aspects of these diseases alone and disregards the individual as a whole is lacking in perspective and will not achieve the most in results. Those few students who are endeavoring to discover not only how to find venereal disease patients but also how to enlist the patients' active cooperation in their treatment and observation until the physician says they are well are doing something of inestimable value.

The experience of one clinic illustrates this point: Before any attempt at social control was made, just 2.5 per cent of patients with gonorrhoea admitted for treatment stayed under treatment and observation until cured. Since a program was started which considered the patient as a sick individual rather than as just another case of gonorrhoea, 75 per cent of the cases are kept under observation for three months or more before dismissal as cured. Less than 12 per cent are lost from observation before then or eliminated as uncooperative. The addition of social therapy to medical therapy has been largely responsible for this tremendous improvement in case control.

*Adequate Protection for the Industrial Worker as well as for the Soldier and Sailor*

There is urgent need for more nurses and social workers who can be trained and employed to supplement the physician's efforts in the control of venereal disease patients. The tracing of contacts and sources and persuading these people to undergo examination and treatment is a field of endeavor definitely apart from routine medical practice, yet absolutely essential to any well rounded program of care. It should be kept in mind that soldiers or sailors who get a venereal disease are subject to quarantine by the military authorities until they are rendered non-infectious. No such protective measures apply to the industrial worker, however. The fullest utilization of existing facilities in most communities is probably still inadequate to trace all the infections in the industrial group, to insure that they all receive adequate treatment and to prevent the further spread of infection during the worker's infectious period. Facilities for the epidemiologic and social control of venereal disease in the civilian population should be markedly extended so that the industrial worker may receive the same consideration as does the soldier or sailor.

*Conclusion*

In conclusion, may I say that as an individual I sense the fact that many citizens are busy at the task of protecting me from syphilis and gonorrhoea. As a physician and teacher of medicine, I know that many of my confreres are devoting a large part of their time to the study and teaching of these diseases, their prevention and their cure. As a member of the State Medical Association, I know that there are those among us to whom the profession delegates the task of cooperating with the health authorities in the treatment and control of all communicable diseases. As a member of the Public Health Service, I can see that our government is actively engaged in the public health aspects of the venereal disease problem. As an officer of the Social Hygiene Association, I am familiar with the efforts that this group is expending to foster a clearer understanding of gonorrhoea and syphilis. As a participant in this conference today, I am impressed with the fact that the country as a whole is not overlooking the vital part that the venereal diseases play in the efficiency of a defense program.

Let us all, as citizens, regardless of profession or trade, re-dedicate ourselves to a better understanding of these diseases and a still greater effort to eradicate them.

## A LAYMAN'S VIEW OF SOCIAL HYGIENE AND NATIONAL DEFENSE \*

PHILIP R. MATHER

*Chairman, Committee on National Defense Activities,  
American Social Hygiene Association*



MR. MATHER

It is somewhat presumptuous for a newcomer in the field of social hygiene, and one entirely without medical training or background, to attempt to tell veterans, such as most of you are, anything about the conduct of this war in which we are all fighting together. For it is a war, just as surely as the one being fought overseas. There is, however, no "waiting for invasion" in our case; the enemy is already in our midst as we all know only too well. May I give you a few facts which have impressed me as a layman with the vital necessity of pushing this campaign with all the vigor at our command?

As surely as the bombing plane drops missiles of death upon a defenseless civilian population, so does syphilis wound and destroy the human life which it touches; but while an aroused nation is spending billions for preparedness against foreign war, which may or may not come, only a pittance is allotted to fight this even more deadly enemy which is already here.

I say it is *more deadly* than war, and here are some figures. During our participation in the First World War—we were in it for a little over a year and a half—the United States armed forces lost in battle and in subsequent years as a result of war injuries about 175,000 dead. But during that period syphilis was taking an *annual* toll of 100,000 deaths, year in and year out. The War stopped, but syphilis kept right on.

If we turn from the dead and just look at those injured, syphilis is shown to be even more menacing. Examination of the records of the First World War shows that there were 100,000 more new cases of venereal disease among United States soldiers than there were wounds in battle, in spite of the fact that our army had the lowest venereal disease rate in that war of any army in any war for which

\* Remarks at the Philadelphia Regional Conference on Social Hygiene, February 6th, 1941.

records are available, and as recently as 1938 the Surgeon General of the Army reported that syphilis and gonorrhoea caused almost four times as much lost time as did any other illness or cause of disability.

So we see that syphilis injures more people and kills more people than does war. Now let us turn to the other side of the ledger and compare the efforts our government has made and is making to protect us from the dangers of war on the one hand and the dangers of venereal disease on the other. But let me first make it clear that I am not criticizing our National Defense Program. I am a firm believer in the utmost preparedness.

It has been estimated that with expenditures running about \$1,000,000 an hour the last War cost this country between 40 and 50 billion dollars. From 1920 through 1939 we spent another 17 billions on the army and navy. If you know how many more billions we are planning to spend in the program now under way, you are quicker at adding figures than I am. All these vast sums have been and are being spent to protect us against enemies or potential enemies who have not yet set foot on our shores; while on the other hand, until the year 1938, less than \$100,000 a year was spent by the federal government, and probably not over \$2,000,000 annually by all agencies, public and private, for protection against syphilis, which is right here in our midst, injuring and killing thousands of our citizens every day in the year.

During the last three years, however, since 1938 the government has really begun to come through. As a result of the courageous leadership of Surgeon General Parran, Dr. Vonderlehr, and our own Dr. Snow, and the efforts of many individuals and organizations, public opinion was aroused, and about \$5,000,000 a year has accordingly been made available by Congress to assist the States in this fight.\*

But even these larger sums, which have in turn stimulated more spending and more activity by state and local authorities, are only scratching the surface of the problem. I am confident that you all appreciate this, and that even without the benefit of the few statistics I have given, you are sufficiently aware of the magnitude of the task before us in our efforts to conquer these diseases. Many of you have seen, first hand, examples of the human misery and suffering caused by this great scourge, and those are the factors that cannot be meas-

\* The Venereal Disease Control Act of 1938 calls for appropriations for federal assistance to state and city departments of health for use in extending and improving the service of venereal disease control units. Appropriations for the first three fiscal years are limited by the Act to three, five and seven million dollars successively, and after that "such sum as may be deemed necessary to carry out the purposes . . . of this Act." Actual appropriations included in the budget have been: three million for the fiscal year ending June 30, 1939; five million for the fiscal year ending June 30, 1940; and six million two hundred thousand for the year ending June 30, 1941. The federal budget for the coming year, as presented by the President to Congress, includes an appropriation of \$6,250,000 for this federal assistance. Although the regulations under which the Act was administered required matching of federal aid by State and local funds during the first year, the expenditures by States, counties and cities for venereal disease control work have amounted to over twenty million dollars over the three years, while federal appropriations have totaled only fourteen million two hundred thousand dollars.

ured, or told by figures, but which have kept alive in all our hearts the determination to see this fight through to a victorious end.

Sometimes a worker in the front line is so close to his immediate problem that he is apt to lose perspective on the whole job to be done, and I believe that one of the many valuable things we get out of conferences of this sort is the opportunity to take stock of our past accomplishments and make plans for the future while viewing our task in its entirety.

But today we have a special topic to consider, namely, the new problem and the new opportunity presented to us by the National Defense Program. It is a problem because tens of thousands of our young men, uprooted from their normal environment and far from home, not knowing what to do in their free time, are falling easy prey to all manner of temptations to which many of them are not accustomed. The venereal disease rate always goes up in war time. And it is an opportunity not only for the military authorities to compel periodic physical examinations and systematic treatment of infection on a scale impossible in this country under normal conditions, but also for an aroused citizenry, determined that as these splendid young men are preparing to defend our liberty, we in turn are going to defend their health.

In the First World War, as most of you know, the whole nationwide program of venereal disease control was formulated, initiated and carried through by the federal, State and local authorities with the cooperation of the American Social Hygiene Association. In the course of these activities a large part of the Association's staff was taken over bodily into the army, the navy, and the training camp commissions. Fortunately most of the same men who handled this work before are still in our organization today, so as early as the autumn of 1939 when the first rumblings of national preparedness began to be heard, these men from their past experience knew what had to be done. So, without waiting to be told or even to be asked, Dr. Snow, Dr. Clarke, Major Johnson, and others, started in to do it. Early last winter a startling demonstration was made at the maneuvers in the vicinity of Columbus, Georgia, when our staff persuaded the military and the local civilian authorities to combine on a suggested program with the result that the very next month the venereal disease rate among the soldiers there was cut in half. The military authorities from the beginning have been aware of the importance of keeping the situation under control, and from Secretary Stimson, General Marshall and Surgeon General Magee right down the line they have tackled it squarely and have called on us dozens of times for help and cooperation, which we have given them to the best of our ability. With Colonel Knox, Secretary of the Navy, and his people, it has been exactly the same story.

By last June practically everything that our organization was doing related directly or indirectly to the Defense Program, and requests to send investigators and consultants here, there, and everywhere, were pouring in so fast that we just couldn't comply with them all. So President Wilbur appointed a Committee on National Defense

Activities which included Mr. Sewell Avery of Chicago, General Ireland of Washington, Dr. Fred Murphy of Detroit, Dr. Snow, and myself as Chairman. The lines of activity were pretty well blocked out, but many more trained workers were needed at once to go out to the rapidly increasing number of naval, air and military training centers. This meant money, so a few friends, old and new, dug into their pockets, letter appeals were sent far and wide, and as fast as the money came in, carefully selected additions were made to our field staff. By the middle of November, when our Committee met in Washington to review the situation, seven competent new men were at work, and more have been added since. The Committee was received by Secretary Knox, and in the absence of Colonel Stimson, by General Marshall, Chief of Staff of the Army. Both of these gentlemen gave their specific approval to a Bill, sponsored by the Association, which was introduced in the House of Representatives last month by Mr. May, Chairman of the Committee on Military Affairs, which we believe will be passed, and which will permit the War and Navy Departments to assume a considerable degree of control over conditions in the vicinity of military and naval establishments, a power they do not now have.

Broadly speaking, the measures taken to protect the health of these young men—and of course of the young women involved, and of their families and the communities in which they live—group themselves into three main classifications: first, education regarding the dangers of venereal disease and wholesome recreation to occupy their leisure time; second, making more difficult their access to the sources of infection; and third, an efficient system of prophylaxis after exposure and of treatment if infection does occur.

To carry out such a comprehensive program requires not only continuous cooperation by the War and Navy Departments, the Federal Security Agency, and the State and Territorial Health Departments, all of which entered into an agreement last May to cooperate in this manner; but requires also the assistance of the American Social Hygiene Association, affiliated social hygiene societies, and other voluntary welfare organizations, which assistance is desired, as specifically stated in the agreement just referred to.

Thus we come squarely to the part that the individual citizen can and must play in this program of health protection. As an individual, or as a member of almost any civic, welfare, charitable, religious, or even social organization or group, if he is within fifty miles of any training center, he can help in organizing social and recreational activities for the trainees, and he can insist that the local authorities enforce strictly the laws regarding prostitution and the isolation of infected persons. Our goal can only be reached by united effort on the part of everyone interested in this problem.

So far I have spoken only of the men who have left home to receive military or naval training, including, of course, the Air Corps of both services. But everything I have said applies with equal force to the workers in defense industries. Many industries have had

venereal disease control programs in effect for years. In not a few cases the advice and assistance of the American Social Hygiene Association or one of its affiliated societies has been sought and received in this connection. But with the sudden increase in the demand for planes, airplane engines, tanks, guns, ships, and a hundred related products, there has taken place a wholesale migration of labor to industrial centers to meet this demand. Thousands of these workers are moving with or without their families into communities not prepared in any way to accommodate them, or meet their social needs.

Our Association has already begun studies of some of the communities where these industries are situated, and we are finding conditions similar to those around the military and naval training centers. But the control problem is even more elusive. These men are not segregated in camps; they are scattered through a whole community; and it is infinitely more difficult to know what they are doing in their free time, or to enforce any system of physical examinations, prophylaxis or treatment.

Fortunately the whole question of the health and morale of the men engaged in the national defense program, whether soldiers, sailors, or industrial workers, has been under study for a long time by the National Education and Recreation Council and by the National Social Work Council, which as you know include representatives of most of the great national character-building agencies. They are preparing to serve in every conceivable way, and a great step forward was taken on November 28th last when the Council of National Defense, with the approval of the President, designated the Hon. Paul V. McNutt, Federal Security Administrator, to be the coordinator of all health, medical, welfare, nutrition, recreation, and other related fields of activity affecting the national defense. He is directed not only to coordinate the facilities of existing federal agencies with respect to these several fields of action, but also to establish and maintain liaison with such other agencies, public or private, as he may deem necessary or desirable.

Thus for the first time in this emergency there has been established a real central authority and a clearing-house in this field, in which and under whom all of us can in an orderly manner find our place and carry out our part of the whole general scheme.

Mr. McNutt has already taken hold of his new duties in a most intelligent manner, and I am sure his efforts will be crowned with success. The War Department has recently appointed a Civilian Committee on Education, Recreation and Community Service under the Chairmanship of Mr. Frederick Osborn of New York, which is also swinging vigorously into action, and Mr. McNutt is considering the appointment of a similar committee on Health, Recreation, and Morale.

In such a brief talk I can only touch on a few of the new developments that are taking place almost every day, and I am afraid the

picture I have given is not too clear, but all in all, the general conclusion we may draw is that Washington is now thoroughly alive to the magnitude of the health and morale problems involved in the national defense effort, and although so far there has been a great deal of confusion and lack of coordination, the machinery is now beginning to move with increasing speed and power. With patience, persistence and tireless energy on the part of all of us, I believe that great things may be accomplished, and our goal of reducing to a minimum the ravages of those two dread diseases, syphilis and gonorrhea, will be achieved.

## SYPHILIS AND INDUSTRY IN NEW ORLEANS \*

GEORGE E. SCHNEIDER

*New Orleans Association of Commerce*

In the New Orleans area there are approximately 700 manufacturing plants, normally employing, according to census figures, 21,000 persons. Several thousand more may be added if those in the adjacent parishes of Jefferson and St. Bernard are included. If we are to get the entire industrial picture, however, we ought to add 11,000 additional in 2,500 service establishments, 14,000 in 1,022 wholesale trade outlets and 24,000 in retail stores of various kinds. This total of 70,000 wage earners is impressive. To them must be added an estimated 40,000 persons in domestic and personal service and 25,000 in clerical occupations, all of whom are equally as susceptible to the disease and just as important individually from the standpoint of contagion.

The highest concentration of these employees by groups is in sugar refining, bags and bagging, textile mills, bread-making, cigar and cigarette production, men's and boys' clothing (wash suits and wash clothing), furniture and shipbuilding. The transportation industry, railroads and waterways, as well as the street railway system, account for a healthy employment total, as does the water front with thousands of dock workers and ship crews.

As an example of the wide area of activity against syphilis which New Orleans has not explored and which therefore offers great possibilities for effective work in disease prevention in industry, let me cite the example of the kind of work that is currently being done in Cincinnati, according to reports from that community.

A general control program was started with the organization of a professional committee composed of physicians, dentists, nurses and public health workers. A program was prepared under the guidance of this group which met with the approval of the County Medical

\* Address delivered before the Regional Conference on Social Hygiene and National Defense at New Orleans, Louisiana, February 5, 1941.



Society and other professional groups. Clinics were coordinated, a comparable reporting system for all clinics was instituted, a follow-up system was developed for physicians in private practice and for public clinics, laboratories were standardized, free drugs were furnished to clinics and physicians in private practice for treating indigents and those employed but unable to pay for treatment, and an educational program was carried on, using the daily papers, lectures, movies, printed pamphlets, billboards, posters, bus and street car cards. Emphasis was placed on finding patients with syphilis and getting them treated promptly. These efforts were most successful.

The owner of one of the large industrial plants became interested in the problem and had all of his employees blood-tested at his own expense. He liked the idea so well that he persuaded several other industrialists to do the same for their employees.

As the industrial program gained impetus, an Industrial Committee for the Control of Syphilis was organized in order to get a more complete understanding of the problem and its needs. The Committee had as members many of the prominent industrial leaders in the city. Each of these men agreed to have his employees blood-tested and in addition they used their influence to get other employers to adopt the plan.

The professional committee guided the medical and the nursing aspects of the program. The lay industrial committee, the Social Hygiene Society, and the Public Health Federation, fully supported by the Board of Health, carried on the industrial program.

In order to bring to focus the kind of program in New Orleans which gives proper recognition to the seriousness of the situation and at the same time may be calculated to attack the problem in an orderly, persistent and authoritative way, may I suggest the following six points, which are based on the recommendations for a successful industrial control program by the United States Public Health Service:

1. Blood tests should be a part of the applicant's physical examination at the time of employment. Positive cases should be accepted for employment, and not be denied work, provided they accept treatment. A positive reaction should not be ground for rejection of the applicant. His employment might be delayed until proper treatment is begun.

2. Blood tests should be a part of the routine physical examination of employees. Treatment may be properly insisted upon and be mandatory in those jobs hazardous to the worker or to others. In this case the responsibility rests upon the medical examiner to see that proper treatment is available from a private physician or other sources at a fee well within the employee's ability to pay.

3. A thorough educational campaign, which will give employees in general an understanding of the problem of the disease, is a contribution which industry is well equipped to make. Syphilis will not be conquered until we face it in the same systematic way that we face an epidemic of any other disease. The infected person must receive the same initiation into the problems of his disease that a diabetic is given in the peculiarities of his diet.

4. The privacy of relations between the worker and the medical service should be conducted in the best professional tradition.

5. Industry might extend the educational campaign into the field of prophylaxis. The necessity for the inclusion of prophylaxis in the program is obvious when we consider that there are 1,100,000 cases of syphilis reporting for treatment every year.

6. Unless competent treatment can be arranged through private physicians or otherwise at prices the workers can afford, industrial medical services should treat syphilis, such treatment being extended as part of the regular medical services in some places, for the cost of drugs in others. There is a very real advantage toward extending this service. Attendance at an industrial clinic is such a routine matter that it does not give rise to undue curiosity. It is so situated that little or no time need be lost from employment. Thus, maximum privacy and a minimum of inconvenience for the patient are assured.

These six points just mentioned seem to be reasonable and in the interest of general community health improvement. Since they originate with one of the foremost authorities on the subject of syphilis in the country, the head of the Public Health Service, it is my impression that they may well be considered as a minimum course of action in a community like New Orleans, where at least we are not currently committed to any other type of organized program.

One other point I should like to make in closing:

It may be well to urge that the policy of retaining syphilitics in employment be followed. . . . Syphilis as we know, is a great drain on the efficiency of the workers; it is communicable and widespread, yet as it is authoritatively stated, can be easily cured with early treatment. Industry does not discharge those who suffer from any other curable disease. It insists, however, that they take treatment. Syphilis is very promptly rendered noninfectious by treatment, and the worker, even though in the infectious stage when the diagnosis is made, can return to his work in a short time in absolute safety to himself and to his fellow-workers. In most instances the patient's continuation of treatment, and therefore his cure, depends upon the continuation of his income and ability to pay his physician. He also needs guidance in pursuing treatment. It would be poor business to discharge the worker and permit him to go on relief. His disease would progress for lack of treatment, and he would eventually end his days in an institution supported largely by taxation on industry.

A policy of rejection or discharge will serve principally to drive the cases under cover. It replaces the recently broken moral taboo with a good personal economic reason for secrecy.

## SOCIAL HYGIENE—A YEAR-ROUND PROJECT IN HEALTH EDUCATION

JEAN B. PINNEY

*Associate Director, American Social Hygiene Association*



MISS PINNEY

National Social Hygiene Day is now five years old. The faint morning-glow on the horizon of 1936 is today's noon-day sun, furnishing light, heat and much of the power which keeps the social hygiene wheels turning steadily forward. For Social Hygiene Day is of, by and for the people, whose growing knowledge, interest and action help to make possible such essentials to progress as increased facilities for finding and treating syphilis and gonorrhoea; the closing of vicious resorts and provision of "good times in good company" for young folks; and instruction of these same boys and girls regarding marriage and parenthood, as foundation stones for successful and satisfactory family life.

While Social Hygiene Day from the first was planned for the specific purpose of enlisting public cooperation, its prompt and lively success surprised even the most optimistic sponsors. The outline presented by a field representative\* during the summer of 1936 to members and friends in various parts of the country suggested a dozen or so simultaneous meetings early the next year, as state and community followup for Surgeon General Parran's National Conference on Venereal Disease Work in Washington, set for December. All consulted liked the idea. A date was chosen, a modest collection of program and publicity helps prepared, an announcement sent to the newspapers, and a general invitation extended in whatever ways were available to all interested in the campaign against syphilis to join in observing First National Social Hygiene Day on February 3, 1937.

\* Dr. Jacob A. Goldberg, Secretary of the Social Hygiene Committee, New York Tuberculosis and Health Association.

The weeks before that date will live in the memories of the A.S.H.A. staff, experienced though they were in handling emergencies and a large volume of work at top speed. When the great day was over, digging their way through stacks of correspondence and the piles of clippings, they built a record: 45 states and communities cooperating; 21 regional conferences; 152 community meetings and 355 special group meetings, with a total audience, by actual count, of more than 52,000; 135 radio programs; 44 film showings; newspapers almost without exception carrying news stories, feature articles, cartoons, editorials, syndicated columns!

"Why don't we stamp out syphilis?" Dr. Parran had asked,\* adding, "It is a task for the whole people." By their response to Social Hygiene Day the people had answered, with a rousing "Aye!" that echoed from coast to coast, from Canada to the Mexican Border, and even beyond. Hawaii and Alaska celebrated that first Social Hygiene Day, as they have each year since.

### *Social Hygiene History Can Repeat Itself*

Would such a spontaneous outburst of popular enthusiasm last long enough to do any permanent good? Would it settle down to the steady drive needed to achieve real results? Or would it be a flash in the pan? Seasoned social hygiene workers, recalling a similar surge of public interest in venereal disease control during World War days, and how that surge later died away to indifference, asked themselves these questions prayerfully in the months following First National Social Hygiene Day. Could the social hygiene history of 1937 repeat itself?

It could, and did. Second National Social Hygiene Day, celebrated on February 2, 1938, surpassed the first year's observance six-fold. With *Stamp Out Syphilis—Enemy of Youth*, as a battle-cry, 3,000 meetings and other program events were reported. Third National Social Hygiene Day, February 1, 1939, rallying to the call of *Guard Against Syphilis*, chalked up a record of 5,000 meetings. On February 1st again, in 1940, Fourth National Social Hygiene Day, launching a well-directed attack on venereal disease quacks and other illegal and unscrupulous practitioners, went ahead of the 1939 meeting-total, with an estimated 5,000 communities each holding several meetings or other events. The Social Hygiene Day Service is still recording the 1941 events, and since many states and communities celebrate Social Hygiene Week, Social Hygiene Month, or even longer programs, and others find it convenient to hold their observance in

\* In the *Reader's Digest* for July, 1936, trail-breaker on this topic among the popular magazines.

## Jane Has a Healthy Baby

DR. BROWN  
WISHED ALL  
WERE AS SENSIBLE  
OUT SYPHILIS  
AS I



LATER

HE'S  
CERTAINLY  
A HEALTHY  
CHILD

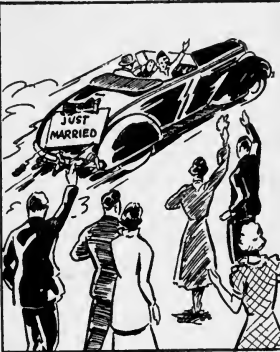
AND HE  
GETS BIGGER  
EVERY DAY



## HEALTH H... and Ann Guard Against Syphilis

THIS PLACE ADVERTISED ANN,  
QUICK CURES FOR AND  
SYPHILIS AND HAD  
GONORRHEA  
EXAMINATIONS

AND SO  
ARE WE,  
MOTHER.  
IT'S GOOD  
TO KNOW  
EVERYTHING  
IS ALL RIGHT



## HEALTH H...

WHAT DOES  
THAT MEAN  
JOE

EXAMINATIONS  
SYPHILIS  
EMPLOYEES.  
MEDICAL DEPT



...NT HOLD A JOB • DEVELOPED PARALYSIS • DIED AN EARLY DEATH



...LL TREATMENT • WORKED REGULARLY • LIVED A FULL LIFE

ADAPTED FROM CHICAGO STEELERS PROGRAM



April, May or even October, the whole picture probably will never really get filled in. But information so far received leaves no doubt that Fifth National Social Hygiene Day was "bigger and better" than any of the preceding annual occasions.\*



A CHINESE DRUGGIST HELPS ALONG NEW YORK CITY'S  
CAMPAIGN AGAINST VENEREAL DISEASE

This photograph, which won first prize in a contest sponsored by the Bureau of Social Hygiene of the New York City Health Department to promote interest in the venereal disease control program, was made by Justin Saiewitz, a student in the NYA Photography Workshop, in a downtown pharmacy owned by James Chu, a member of the American Pharmaceutical Association.

### *A Year Round Project*

American individuality of thought and independence of action are interestingly exhibited in this shifting of time, scope, and even of theme, to suit local convenience or local needs. The Social Hygiene Day Service aims to be equally flexible. "On or near the first Wednesday in February" is suggested because that seems to be a time comparatively free from other events, and because a definite date is a handy peg on which to hang news announcements and other interest-provoking devices. But this is no more than a suggestion,

\* For detailed accounts of the several Social Hygiene Day observances see the JOURNAL OF SOCIAL HYGIENE: March 1937, February 1938, March 1939, April 1940.

and if roads are bad in North Dakota or floods threaten in Mississippi, or if for any other reason a state or community thinks best to celebrate Social Hygiene Day at some other time, it suits us too. A supply of Social Hygiene Day materials is kept on hand throughout the year, to insure prompt service.

The number of localities making it Social Hygiene Week, or Social Hygiene Month, seems to be growing. From the Oklahoma State Health Department we hear:

Here is a short resumé of Oklahoma's activities during February's observance of National Social Hygiene Day. Like most other states we made it a month-long affair, and of course will continue to talk about the venereal diseases probably more than any other single phase of public health.

Our health education division prepared five separate news releases, taken from the publicity kits which you supplied us, and gave these stories to the Associated Press. Five other similar articles were given to the Oklahoma City newspapers, which have state-wide circulation. A 1500-word feature on control of venereal diseases as a necessity in national defense, was run with art in the Sunday *Daily Oklahoman*. Four news releases were distributed to the 320 state newspapers through the Oklahoma Press Association. From a study of our press clipping files, we can conservatively say that 300 newspaper articles on the social hygiene theme were run in Oklahoma newspapers during the month of February.

The publicity kits which you supplied were sent to Oklahoma's 38 county health departments, where considerable use of them was made. Most of our county health department directors made at least one talk on the subject to groups like Rotary and Kiwanis clubs and to schools. Several of the kits were sent to interested groups in areas where the venereal disease problem is known, although there is no county health department in operation.

A series of six radio transcriptions was presented over three broadcasting stations. Dr. Eugene Gillis, our director of venereal disease control, made two radio talks on this subject. Pertinent posters and pamphlets were distributed generally through the county health departments.

We feel safe in saying that nearly all Oklahomans heard about the venereal diseases, and what should be done toward their control, during February's campaign.

May I express the sincere appreciation of the state health department for the splendid cooperation which we received from the American Social Hygiene Association? Your help was needed, received and appreciated. We'll be working again with you next year, and at any time before then if there's anything you would like to suggest for our mutual effort.

### *Notes on 1941*

Fifth National Social Hygiene Day set a new record in a number of respects. The problems arising out of the mobilization of manpower for national defense emergency called for attack not only on syphilis and gonorrhoea, but on the "racket" of commercialized prostitution as a chief source of these diseases among the armed forces and



industrial defense workers. An old problem to social hygiene workers, to many others this was a new emphasis, but they responded nobly. Armed with the folders *America's Health Is America's Strength*, and *The Case Against Prostitution*, Dr. Thomas A. Storey's *American Communities Face a New Challenge*, Dr. L. Foster Wood's *A Church Program for Defense Areas*, and other specially prepared articles, community after community was encouraged to tackle its cleanup job and set out to provide "good times in good company" for their own young people as well as for visiting soldiers and sailors.



#### A CARTOONIST ATTACKS THE PROSTITUTION RACKET

This drawing, by the Pulitzer prize-winner artist C. D. Batchelor, of the *New York Daily News*, was drawn especially for the *Herald of Social Hygiene* for Fifth National Social Hygiene Day. Published also in the *Daily News* regular cartoon space, it was later reproduced in poster style by the A.S.H.A. Publications Service.

This effort was backed up strongly by a sizable group of national women's organizations including:

General Federation of Women's Clubs, Maternity Center Association, National Congress of Parents and Teachers, National Council of Jewish Juniors, National Council of Jewish Women, National Council of Women of United States, National Federation of Business and Professional Women's Clubs, National Maternal and Child Health Council, National Woman's Christian Temperance Union, and the American Committee of the Pan-Pacific Women's Association, and the Young Women's Christian Association.

A news release over the signatures of the presidents of these organizations was given prominence in the press. Other national organizations were equally active in urging their state and local branches to take part. In all 55 national voluntary and official groups joined in the occasion.

HEALTH HELPS

Bill and Jim Go On Leave

by Joel Murray



GOOD TIMES IN GOOD COMPANY Sports and a welcome at community agencies are counter attractions in degrading resorts.

Wholesome recreation organized by the community for the man on leave can fill the need of "somewhere to go" and "something to do."

Community sponsored dances and socials, where service men can meet the right kind of girl and form wholesome friendships, will usually win out over "brothels and other low amusement."

Men on leave, if given the opportunity, will choose a clean, comfortable, service club rather than disreputable lodging houses.

IS THIS YOUR TOWN?—The community which makes possible a pleasant, well-open leave for the soldier and sailor helps to protect the health and morale of the armed forces as well as its own young men and women.

National Anti-Syphilis Committee, American Social Hygiene Association, Inc.

A CARTOON STRIP FOR NEWSPAPERS

The drawings were also used for a popular leaflet in the *Health Help* series, with the sub-title *Is This Your Town?*

An outstanding feature of this year's observance was the conduct of five large regional conferences in as many cities, under joint sponsorship of the A.S.H.A., the United States Public Health Service, local committees on Social Hygiene Day and local social hygiene societies, plus more than 200 other state and community agencies. In New York, Philadelphia, St. Louis, New Orleans and Los Angeles, all day programs on *Social Hygiene and National Defense* occupied the scene, with representatives of the A.S.H.A., the U.S.P.H.S., Army and Navy and state and local officials and laymen participating. The Government program for protection of soldiers, sailors and defense workers from syphilis and gonorrhoea was reinforced by a thorough discussion of civilian responsibility, the total attendance was about 7,000 people, and the results are now being seen in a number of new community groups and accelerated activity generally.\*

A few of the many unique state and community observances illustrate the wide influence and interesting character of public participation in this most recent Social Hygiene Day.

The Governors of eleven states issued special proclamations.

In New York State the New York Tuberculosis and Health Committee and its local affiliates say, "The groundwork for the meetings was so skillful that

\* For programs and other details see March JOURNAL.

STATE OF OHIO  
**Executive Department**  
 OFFICE OF THE GOVERNOR  
*Columbus*  
 PROCLAMATION  
National Social Hygiene Day, February 5, 1941

WHEREAS, Wednesday, February 5, 1941 has been designated as Fifth National Social Hygiene Day by the American Social Hygiene Association in cooperation with official and voluntary health, medical welfare and civic organizations of this state, and

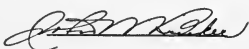
WHEREAS, the object of this national observance is to extend public knowledge of one of man's greatest enemies syphilis, and the power of medical science to lessen this scourge and relieve the suffering caused by it, and


WHEREAS, special efforts are being made to protect soldiers, sailors and defense industrial workers from syphilis and gonorrhoea and

WHEREAS, public attention is being directed toward any conditions which may endanger the health and morale of the armed forces

NOW, THEREFORE, I, John W. Bricker, Governor of Ohio do hereby proclaim Wednesday, February 5, 1941 as Social Hygiene Day and do hereby urge all residents of the State of Ohio to consider these vital health problems and to aid in the protection of our men in military training camps, naval bases and defense industries.

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused the great seal of the State of Ohio to be affixed at Columbus this 27th day of January, in the year of our Lord, One Thousand Nine Hundred and Forty One.

BY THE GOVERNOR: 

  
 SECRETARY OF STATE

they became in every sense community meetings for which the responsibility was shared by a wide range of official and non-official agencies. Social Hygiene Day was celebrated by these units in numerous communities including Watertown, Fonda, Amsterdam, Johnstown, Newburgh, Kingston, Binghamton, Elmira, Rochester, Syracuse, and Buffalo. . . . Upstate N.Y.A. groups in 42 communities cooperated. . . . The State Pharmaceutical Association distributed to its 10,000 members the folder *America's Health is America's Strength* and a special appeal for pharmacy cooperation.

In Illinois the Chicago Committee on Social Hygiene Day for the fourth year sponsored a community-wide conference, while the Division of Venereal Disease Control of the State Department of Health, cooperating with the District Officer of the United States Public Health Service, urged private physicians to blood test all patients during the month of February.



Washington, D. C., reported the most representative audience and the greatest amount of news column space yet obtained.

West Virginia's Jefferson County Health Department showed the film *With These Weapons* accompanied by a speaker and distribution of literature to 3,000 high school and college students.

District Health Unit No. 2, West Branch, Michigan, for several months beforehand and throughout February gave special emphasis to social hygiene by radio, exhibits, meetings, pamphlets, newspaper publicity, film showings, special drugstore participation and home visits.

The Providence Medical Association and the State Department of Health of Rhode Island cooperated in inserting and paying for an advertisement offering free blood tests in the *Providence Journal and Evening Bulletin* which has state-wide circulation.

The Georgia Social Hygiene Council made youth, parents and the church chief discussants in its all day program.

Florida health groups, including the Duval County Medical Society and the Duval County Public Health Committee, concentrated on special group meetings throughout the week of February 5th. Rotary, Legion, Advertising Club, Council of Social Agencies, Exchange Club, Kiwanis, Woman's Club, Lions, Civitan, Optimist, Pilots Club and Business and Professional Women's Club were on the list to hear talks by physicians with

**NOTICE**  
**Wednesday Is Rhode Island**  
**Blood Test Day**

The State Department of Health urges everyone to consult their family doctor. For those unable to afford a private physician the following stations will be open on this day from 9 A. M. to 10 P. M.

Providence Health Department City Hall Providence, R. I.	South District Health Unit Hazard Memorial Building Peacedale, R. I.
North District Health Unit School Administration Building Woonsocket, R. I.	Southeast District Health Unit Rockwell House Bristol, R. I.

display of posters, distribution of pamphlets and newspaper publicity. Daily radio talks were supplemented by special drugstore window displays and distribution of pamphlets in all the Allweather Tire Company filling stations in Duval County.



*America's Health is America's Strength*

The Texas Work Projects Administration education program reports conducting a week's program, and that activities this year were much more far reaching than any time in the past. Last year 27,582 attended the different meetings. This figure was far exceeded this year. Programs included community participation directed by district and area supervisors among adult education groups. Audiences included Negroes and Mexicans with many talks given in Spanish. The report of this project fills nine tightly packed type-written pages.

Kansas City concentrated on film showings. Through the courtesy of Warner Brothers, the Kansas City Social Hygiene Society presented *Doctor Ehrlich's Magic Bullet* to an audience of over nine hundred. Seats were reserved for R.O.T.C. boys in uniform, science classes, organized groups of young people who attended accompanied by teacher or leader. Dr. A. Lloyd Stockwell gave a brief address on *Kansas City Faces a New Challenge*. The Work Projects Administration thirty-five piece concert orchestra was assembled on the stage and when the doors of Thomas A. Edison Hall were opened at five minutes to seven crowds were waiting.

At Oberlin College, Oberlin, Ohio, the Department of Physical Education, the Health and Safety Committee of the Chamber of Commerce and the Lorain County Health Department joined in showing the film *With These Weapons* to general audiences from February 3 to 5, twice a day. Two thousand people saw it. High school pupils were excused from school in order to attend in a body. Churches and newspapers joined in publicizing the event.

In Los Angeles the local Woman's Christian Temperance Union devoted its regular radio hour on February 3rd to the Social Hygiene Day Conference program.

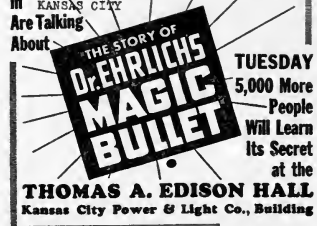
Vancouver, British Columbia, turned out a dinner audience of one hundred and fifty for Dr. Walter Clarke, A.S.H.A. Executive Director, on January 27th. Dr. Donald H. Williams, Director of Venereal Disease Control for the Province, describes this event as "the most successful ever held in British Columbia."

The Houston (Texas) Social Hygiene Association sponsored a community-wide noonday luncheon and an evening meeting for Negro groups, with Dr. James R. Heller, District Venereal Disease Control Officer of the United States Public Health Service as speaker. The Houston association designed an interesting sticker for use in correspondence.

## FIFTH NATIONAL SOCIAL HYGIENE DAY

Tuesday Evening, February 4th, 1941  
8:15 P. M.

TODAY  
15,000 People  
in KANSAS CITY  
Are Talking  
About



TUESDAY  
5,000 More  
People  
Will Learn  
Its Secret

at the  
**THOMAS A. EDISON HALL**  
Kansas City Power & Light Co., Building

Through the Courtesy of Warner Bros.

.. The ..

### Kansas City Social Hygiene Society

Will present the most dramatic and  
moving medical film ever seen.

A Concert by the Kansas City W.P.A. Concert Orchestra  
will precede the showing of the picture.  
S. REDINA, Conductor

NO TICKETS NO CHARGE  
THE PUBLIC IS INVITED

HALL OPEN AT 7:30 P. M.

*The Press Is a Never-failing Ally*

Newspaper headlines come and go, but social hygiene still holds the front page.

### BACKING UP THE BOYS

It is good to see the American Social Hygiene Association joining in the army's crusade to protect its men from the harpies of vice and gambling who swarm about every camp hoping to separate the men from their pay and leave them with empty pockets, a headache, and perhaps a lifetime of regret and suffering.

The problem of the soldier on leave, let it be repeated, is a serious one. Despite every possible precaution, the incidence of social disease tends to rise whenever adequate facilities for off-reservation entertainment are lacking. Men in barracks are no more plaster saints than they were in Kipling's day. Released from heavy army duties, they will have fun, and if opportunities for decent wholesome fun are lacking, they will seek whatever kind is available.

The best defense here, as anywhere, is a good offense. The positive rather than the negative is the first point of attack. So the ASHA, in its fight against venereal disease, touches the key point in urging, with army authorities, proper recreational facilities in towns near camps. An ounce of prevention is still worth a pound of cure.

This, we believe, is because social hygiene is constantly newsworthy. Certainly the news-stuff dealing with the theme of Fifth National Social Hygiene Day was of timely interest and newspapers reacted accordingly. The widely used item shown here serves to illustrate.\*

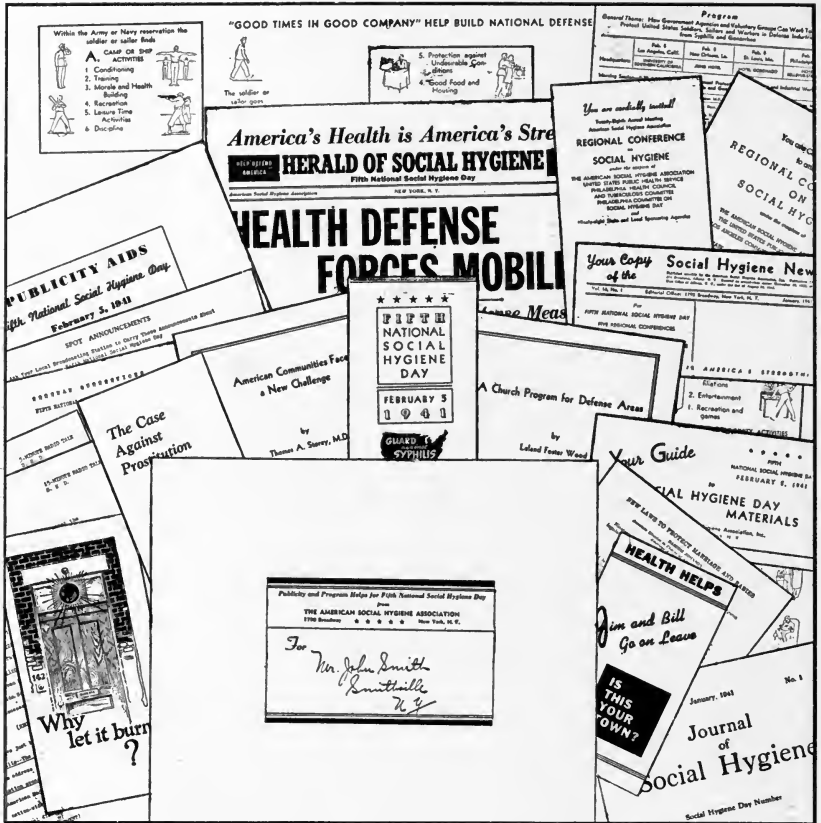
The clipping service, giving only partial

coverage, recorded 3,706 clippings on these and other social hygiene topics during the first three months of 1941. These were largely stimulated by A.S.H.A. news releases and the Social Hygiene Day pressbook.

*Social Hygiene Day Materials*

In addition to the pamphlets and folders mentioned previously as having been prepared especially for Fifth National Social Hygiene Day, the grist was ample. The *Herald of Social Hygiene*, tabloid newspaper, ran an edition of 150,000 copies. A chart and graph exhibit on syphilis and gonorrhoea as defense problems was provided for the regional conferences and other meetings. The new one-reel talking film, *In Defense of the Nation*, though not ready for February 5th, has been used by many late-blooming meetings. Kits of Program and Publicity Aids numbered 3,000. Included in these were the handy press-books, radio scripts, suggested programs, and many informative folders.

\* Written by Willis Thornton, NEA staff writer, and distributed by NEA Service, Inc.



1941 SOCIAL HYGIENE DAY MATERIALS

### Summing Up

Back in the first paragraph we talked about progress, and the part which Social Hygiene Day, "the people's day," has played in developing public opinion supporting the steady advance toward social hygiene objectives. Measuring ground gained in the past five years toward these objectives, we find:

1. Opening of the three great channels of public education which were hitherto entirely or partly blocked: the newspapers and magazines, the radio, and the motion picture screen.

2. Passage by the United States Congress of the Venereal Disease Control Act of 1938. Three appropriations by the Congress in support of this act, for assistance to the states, total \$14,200,000 (the President's budget includes \$6,250,000 more for the year beginning July 1, 1941). Appropriations during the three years by the states and the cities and counties amounted to over \$20,000,000 to supplement Federal funds. Results of this enlarged official program show amazing increases in blood tests for syphilis (178%); in doses of drugs distributed (62%); more patients treated by private physicians and clinics (75% increase in the latter); the number of clinics increased from 2100 to 3100; better laboratory facilities, greatly increased efforts to control gonorrhea,

made possible by the development of the sulphonamides. Surgeon General Parran states, "In areas where syphilis has been attacked vigorously it has receded."

3. Establishment under the Federal Security Agency of the Division of Legal and Social Protection to guard soldiers, sailors and civilians from the dangers of prostitution in areas near training camps.

4. Appointment by President Roosevelt of an experienced social hygiene leader, Doctor William F. Snow, as the health and welfare member of the National Advisory Council to the National Youth Administration.

5. Formation of 80 new voluntary social hygiene groups in 28 states and 78 communities.

6. Organization of the National Anti-Syphilis Committee of the American Social Hygiene Association with 33 State and community Anti-syphilis Committees, and including many of the nation's most noted laymen and women.\*

7. Establishment of the A.S.H.A. National Education Committee including 215 outstanding leaders in the field of education to guide the Association's program for sex education and training for marriage and parenthood.

8. Passage of laws in 24 states to protect marriage from syphilis by pre-marital examination and passage of laws in 24 states to protect babies from syphilis by examination and treatment of expectant mothers (This sets an unequalled record for social legislation in any similar period).

9. Constantly growing demand for social hygiene books, pamphlets, films and exhibits resulted in the distribution since 1937 of 27,564 books, 4,467,905 pamphlets, 2,015 films and 179,590 exhibits, charts and posters.

\* \* \* \* \*

Public opinion, more than any other force, has been the moving power behind this splendid record of achievement, and Social Hygiene Day and associated follow-up activities have informed, guided, and stimulated public opinion to the point of active cooperation.

Exactly five years ago, the present writer, concluding an earlier summary of progress in social hygiene education †—then largely on a basis of faith rather than substance, because of the many obstacles in the way—quoted from a current report of a Milbank Memorial Fund round-table conference on venereal diseases:

"The public is willing and anxious to have this problem discussed, and is seriously in need of that information which is essential to the success of control efforts. . . ."

But for Social Hygiene Day, let us say it with all humbleness, none of us might ever have known how right we were!

\* See list on back cover of this issue of the JOURNAL.

† *New Brooms and Old Cobwebs*, JOURNAL OF SOCIAL HYGIENE, April, 1936.

## EDITORIALS

### SHIFT THEM TO THE RIGHT SIDE OF THE LEDGER!

Nobody knows exactly how much syphilis and gonorrhoea cost industry. The most that anyone can say—as said by the public health experts contributing to this issue of the JOURNAL—is that such studies as have been made show these diseases to be a grave health problem, responsible for much sickness and misery among industrial workers, as well as actual money loss.

*Lost time*—that young man with a worrisome gonorrhoea which keeps him from his work-bench or machine an occasional day, or longer; *serious accident or disability*—that older man who went to pieces when syphilis attacked his central nervous system; *long-continued compensation and hospital costs*—the fellow whose broken leg was slow to heal because of an unsuspected syphilis—these are red ink items on the wrong side of the ledger wherever they appear in the company records.

The great trouble is that they so seldom *appear* until the damage is done—the loss hard to repair. Venereal diseases in industry are among the “hidden costs” which every employer knows often decide whether the year’s outcome is success or failure, dividend or deficit. In some businesses, the savings effected by early discovery and prompt treatment of these diseases may well tip the balance towards profit.

Whether or not this is true, there is no question but that attention to syphilis and gonorrhoea among workers is one of the best-paying plant improvements that can be made. Industry itself, wherever the plan has been tried, testifies to the benefits derived. And certainly, now, if ever, when national defense and national safety depend so largely on industrial efficiency, is a time to put in force every means of insuring peak production.



In this picture, behind the workers in the plants are their families, their associates, their communities. Whatever helps one helps the other. The health of one group affects the health of all.

It is with these thoughts in mind that the American Social Hygiene Association at present is gearing up its resources of personnel and materials to be of any help possible towards improving industrial health, towards shifting venereal disease losses to the right side of the ledger.

The services of our staff of consultants, our publications, films and other educational materials are all enlisted in this effort. We pledge our full cooperation and urge all interested to call upon us for whatever we may furnish.

#### THE JOURNAL SERIES ON NATIONAL DEFENSE

This issue of the *JOURNAL* continues the series on *Social Hygiene and National Defense* which began last autumn with the November issue describing the Association's defense activities and various state efforts to protect soldiers and sailors from syphilis and gonorrhea. *Number II*, in December, discussed civilian and community responsibility. Now, in this third number, we turn to the very important problem of providing defense industrial workers with adequate protection from venereal disease. The May issue, *Number IV*, will deal with youth needs, as brought out by national defense developments. All of these special numbers have been planned to furnish practical suggestions which may be readily carried out in the states and communities, and to indicate how the American Social Hygiene Association may be of service.

May we also suggest that the set of four issues will be useful to both official and voluntary agencies not regularly receiving the *JOURNAL*? Mailed to any address you request for \$1.00 postpaid.

March 26, 1941

Dear Doctor Wilbur:

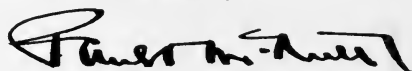
The American Social Hygiene Association has convincingly demonstrated the need and value of activities for the repression of prostitution and the reduction of opportunities for exposure to syphilis and gonorrhea in civilian communities, especially those near Army and Navy training centers. This has been a great service to the nation, and I hope that the Association will continue and expand its efforts. Now that the Federal Government is undertaking legal and protective activities in this field, we need more than ever the aid of such organizations as yours and its affiliated branches.

In particular, I, as Coordinator of Welfare and Related Defense Activities, request the cooperation of the Association in cultivating and organizing public opinion in support of law enforcement to reduce prostitution and sex delinquency to a minimum. Also, I hope the Association will in like manner give special attention to syphilis and gonorrhea as causes of lost time and inefficiency in defense industries, and will endeavor to enlist the cooperation of employees and employers in combating the spread of these diseases.

I am aware, as are Mr. Charles Taft, the Assistant Coordinator, and many other Federal officials, of the great importance of the Association's long range program of medical, educational, and social activities, and I hope that they may be expanded in view of the present mobilization emergency and the even more difficult social hygiene problems with which the future will certainly confront the people of the United States.

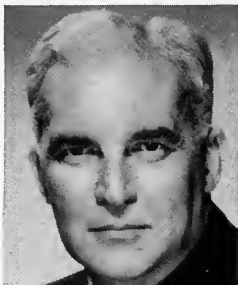
With best wishes for the success of your work, I am

Yours sincerely,



Administrator

Dr. Ray Lyman Wilbur,  
President, American Social Hygiene Association,  
1790 Broadway,  
New York, New York



## NATIONAL EVENTS

**Federal Government Establishes Division on Legal and Social Protection.**—A recent development in the Government program to protect soldiers, sailors and civilians from the dangers of prostitution in areas near training camps, which will be of special interest to health and welfare workers, is the establishment of a new *Division on Legal and Social Protection* under Charles P. Taft, Assistant Coordinator of Health, Welfare and Related Defense Activities. Director of the new *Division* is Bascom Johnson, on leave from the A.S.H.A. directorship of legal and protective measures, and widely experienced in this field, not only in the United States, but throughout the world. Mr. Johnson took up his new assignment on April 1 and is rapidly building a nation-wide program to cooperate with voluntary social hygiene agencies throughout the country. A letter received by Dr. Ray Lyman Wilbur, A.S.H.A. President, from Federal Security Administrator Paul V. McNutt (*see Frontispiece*) guarantees the close cooperation between the new *Division* and the Association in the work each agency is to do. Further details concerning their activities will appear in the JOURNAL and NEWS as the programs develop.

**President Roosevelt Appoints Dr. Snow to NYA Advisory Council.**—Of high interest to social hygiene workers and youth leaders throughout the country is the appointment by President Roosevelt of Dr. William F. Snow, Chairman of the A.S.H.A. Executive Committee, to be the health and medical member of the National Advisory Committee of the Youth Administration. In addition it is expected that Dr. Snow will find it possible to serve as chairman of the sub-committee planning and developing the comprehensive health program recently authorized for the NYA. Preliminary announcements indicate a health survey which will include physical examination of every youth assigned to the NYA out-of-school work program, to be followed up by appropriate arrangements for treatment of discovered defects through the local medical profession and supplementary NYA clinics where necessary. This program should have far-reaching results in health improvement among the boys and girls enrolled for Youth Administration activities. The A.S.H.A. Youth Service is offering its facilities to aid in every way possible.

**United Service Organizations to Ask the Public for \$10,700,000 for Military Trainee Recreation Program.**—With participation of the United Service Organizations a recognized part of the Federal Defense Program, a national campaign to raise \$10,700,000 is slated to begin on June 3. Principal purpose of the campaign is to raise funds needed to operate recreational facilities for trainees and defense

workers in communities which are unable to provide such facilities without assistance.

The federal government, through the Joint Army and Navy Committee on Welfare and Recreation, Frederick Osborn, Chairman, will advise the military authorities on recreation programs *within* cantonments; and Charles P. Taft, Assistant Coordinator of Health, Welfare and Related Defense Activities, will promote the development of adequate facilities for recreation *outside* of cantonments, arranging where necessary for federal provision of housing and equipping community recreation centers. The *operation* of these latter facilities, however, will be supplied with personnel and program expense by the "U.S.O."

The United Service Organizations expect to serve three ends: (1) strengthen the National Defense Program through volunteer effort and support; (2) prevent or render unnecessary a multiplicity of campaigns by the participating organizations or by other agencies; (3) provide trainees an opportunity for keeping in contact with spiritual influences of their home communities.

The member organizations of the U.S.O. are the Jewish Welfare Board, the National Catholic Community Service, the National Travelers' Aid Association, the Salvation Army, the Young Men's Christian Association and the Young Women's Christian Association.

**U. S. Trains New Public Health Personnel to Reinforce Health Program in Defense Areas.**—Physicians, engineers, nurses and laboratory technicians selected from Civil Service lists are being trained at the National Institute of Health at Bethesda, Md., as part of an augmented public health program authorized by Congress in connection with national defense. Many states are to receive public health reinforcements in the form of new personnel and use of Federal health service equipment for their defense areas.

The intensive six-weeks' courses, inaugurated in April, will include four weeks of lectures and instruction in public health administration, communicable disease control, local public health problems, laboratory techniques, food and milk sanitation, industrial hygiene and venereal disease control at the National Institute of Health; and two weeks of field training in areas surrounding military centers and industrial plants in Maryland. The lectures will be given by a Public Health Service staff headed by Senior Surgeon M. V. Ziegler; Miss Mary J. Dunn, Nursing Consultant; Sanitary Engineer E. S. Tisdale; Special Consultants of the Service and professors from leading university schools of public health. Dr. William F. Snow, as one of the Special Consultants, will serve on the lecture staff. The Maryland public health staff will assist in the field training, with the trainees working side by side with veteran health workers.

**American Eugenics Society Holds Spring Conference.**—The Spring Conference and 15th Annual Meeting of the American Eugenics Society was held March 31 in New York on the theme: *Human*

*Ability—Democracy's Basic Defense.* Waldemar Kaempffert, Science Editor of the *New York Times*, presided over the first session, which considered *Recent Advances in Knowledge of Human Heredity*, and included talks by Edward J. Humphreys, M.D., of the N. Y. State Department of Mental Hygiene; Irving Lorge, of the Institute of Educational Research, Teachers College; William Allan, M.D., of the Family Record Office, Charlotte, N. C.; and Morton D. Schweitzer, research geneticist of Cornell University Medical College.

At the luncheon session, with Arthur E. Bestor, President of Chautauqua Institution and Chairman of the Board of Trustees of Town Hall, New York, presiding, the speakers were Constance Warren, President of Sarah Lawrence College, and Frederick Osborn, Chairman of the Joint Army and Navy Committee on Welfare and Recreation.

*Eugenics and the Family* was considered at the afternoon session, led by Joseph K. Folsom, Professor of Sociology at Vassar College and Chairman of the National Council of Parent Education. *Population Policies—Democracies versus Dictatorships* were discussed by David V. Glass, Research Secretary of the Population Investigation Committee of Great Britain. Two speakers talked on *Helping Young America to Responsible Parenthood*: Frank Lorimer, Professor of Population Studies at American University—*Through Social and Economic Aids*; and Mary Shattuck Fisher, Professor of Child Study and Director of the Nursery School at Vassar College—*Through Psychological Attitudes*. Discussants at this session included Eugene L. Belisle, Executive Director of the Massachusetts Mothers Health Council; Gladys Gaylord, Executive Secretary of the Maternal Health Association of Ohio; Mrs. Sidonie M. Gruenberg, Director of the Child Study Association of America; Mrs. Marion B. Luitweiler, of the Governing Board, Summer Institute for Social Progress of Wellesley College; and Janet Fowler Nelson, National Secretary of the Family Relationships Committee of the Y.W.C.A.

Professor Maurice A. Bigelow, Secretary of the Association and Chairman of the A.S.H.A. National Education Committee, is President of the American Eugenics Society.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

“As the title implies, this film aims to increase public awareness of venereal disease as a defense problem. Impressive facts and figures, plus interesting pictures that show the need for adequate recreational programs in defense areas, put across a clear and forceful message. Ben Grauer's commentary is a good one.”

*Channels, Social Work Publicity Council*

This is one of the many comments on *In Defense of the Nation*, previewed by audiences in New York and Washington early in April. The New York newsmen, trade-paper writers, and representatives from the wire services turned out en masse for the first showing of the Association's new film, along with representatives from the Army, Navy, Public Health Service and local health and welfare organizations.

As social hygiene defense fills the headlines, all eyes are turning to Washington for the latest developments in the field of social protection. Newspapers on March 29 carried the story of the appointment of Bascom Johnson, who has been in charge of A.S.H.A. Legal and Protective Activities for many years, as head of a new Division on Legal and Social Protection under Assistant Coordinator Charles P. Taft.

An article in the *Journal of Living* (May, 1941) sums up in this fashion: "Now that the chances for an increase in venereal diseases are enhanced through the existence of army camps, the Surgeon General and the American Social Hygiene Association have begun a positive campaign to minimize those chances at their source. Not merely are 'the boys' being educated in how to avoid venereal diseases, but they are being supplied with recreational facilities and an entertaining social life to occupy whatever free time they have to enjoy. Towns near the camps are urged and helped to have decent housing facilities, town dances, athletic tournaments, etc. Educational pamphlets have been prepared of two types. One kind tells the facts about venereal disease and the ways to combat it. Another discusses the ways to help draftees spend their time decently in your town . . . ."

On the educational side, the Association is preparing two new films. The first film will be ready soon to tell industrial workers the simple facts about syphilis and gonorrhoea. . . . The other is the film on gonorrhoea, comparable to the story of syphilis as related in *With These Weapons*. Originally scheduled for production last winter, with some work on the scenario already done, this film had to be postponed in favor of the film, *In Defense of the Nation*, but is now planned for release before the end of 1941. . . . A new industrial leaflet, *Vital to National Defense*, tells industrial workers what *So Long Boys—Take Care of Your-*

*selves* told soldiers and sailors: the facts about the dangers of syphilis and gonorrhoea, how to prevent these infections, and what is necessary for their cure.

In California, the *Pasadena Post* (March 31, 1941) reports Dr. Wilton L. Halverson's appeal for support of the Association's defense activities. Quoting Dr. Halverson, the *Post* says, "The national defense program has forcibly focussed attention on the need of protecting the vital force of manpower. The venereal disease problem increases in times of national mobilization. Large numbers of people are being rapidly gathered in camps and industrial centers thus straining the recreational and welfare facilities of such areas."

*McCall's Magazine* for May carries the second of a series on *The Strength of the Nation*, by Dr. C.-E. A. Winslow, professor of public health at Yale University and Chairman of the JOURNAL Editorial Board, entitled *The Sixth Column of Disease*. . . .

The May *Ladies' Home Journal* carries an article by Professor Ernest L. Groves of the University of North Carolina, *Plan Your Children's Sex Education*, describing the thinking and planning of one young couple for the sex education of their two boys.

Look for the next issue of *Click Magazine*. Following up its story in the March issue, *Click* will again feature the Association's defense program.

## YOUTH NOTES

*Prepared by the American Social Hygiene Association's Youth Service*

*Youth Speaks for Itself*, nation-wide radio competition conducted by the American Youth Commission, was won this year by records produced by the South High School of Columbus, Ohio and the Mutual Placement League of New York City. . . . The Dramatic Arts Guild of Columbus, which has filled the leisure time needs of hundreds of young people for seven years, was the subject of the South High School story, *The Play's the Thing*. . . . The cooperative efforts of New York young people in securing jobs for each other, and carrying on educational activities, are portrayed in the other winning skit. . . . Other youth programs and activities dramatized in the competing skits included a job interview clinic, various kinds of clubs, a plan to rehabilitate boys released from reformatories, camping programs, and an active program for control of social diseases. . . . Get in touch with your local station to see when they will carry *Youth Speaks for Itself*. . . . This is the third series of nation-wide youth radio programs sponsored by the American Youth Commission. *Youth Tells Its Story* was a national network feature in the summer of 1940; and *Youth in Crises* was broadcast in 1939.

To provide a sound, scientific foundation for the future of the "spring fancies" of young men and women is the year-round concern of many social hygiene workers. Some of the conferences, institutes, courses and forums

for this purpose that have come to our attention this spring are: **Toledo:** Institute in Family Relations on *Meeting Modern Problems of Family Life*, sponsored by the Family Life Education Program and 58 Toledo organizations, March 27 and 28, at the Y.M.C.A. and Y.W.C.A. . . . **Nashville:** Series of lectures on *Preparation for Marriage and the Home*, sponsored by the Business and Professional Girls' Club of the Y.W.C.A., for students and club members, given during February and March at Fisk University. . . . **Philadelphia:** An intercollegiate conference on secondary education, *Streamlining Democracy*, with a special section on *Marriage and Family Relationships*, with Mrs. Emily Mudd, Director of the Philadelphia Marriage Counsel as consultant. The entire conference was sponsored and run by the Secondary Education Club of Temple University on April 19. . . . **Wooster, Ohio:** A short course on *Marriage, Home and Family Life*, under the guidance of Dr. Paul Popenoe, Director of the American Institute of Family Relations of Los Angeles, sponsored by the Wooster Community Y.M.C.A., April 20-24.

Notable "weeks" are *National Negro Health Week*, March 30 to April 6; and *Boys and Girls Week*, April 26 to May 3. The Youth Service furnished numerous materials for these occasions.

### *Publications, Films and Exhibits on* SOCIAL HYGIENE AND NATIONAL DEFENSE

#### Films

New, one-reel talking picture presenting some of the problems which accompany national mobilization and threaten American health and welfare; and telling what organized effort can do to avert these dangers. Narration by National Broadcasting Company commentator, Ben Grauer. Ask for free, illustrated folder, Pub. No. A-334.

*In Defense of the*  
N A T I O N

An up-to-date sound motion picture of the progress mankind has made in controlling and curbing this scourge. David Ross of Columbia Broadcasting System tells the story. Free descriptive folder, Pub. No. A-235.



The Story of Syphilis

*Plain Facts*

A new film on the *Plain Facts* about syphilis and gonorrhoea, suitable for any general audience, but designed especially for industrial workers. Prints available in June.

*These films are suitable for showing before mixed audiences of both lay and professional people, young and old. Running time is ten to twelve minutes. Price: 35 mm. \$75. 16 mm. \$50. Rental per day \$5. Transportation is extra in all cases.*

For complete list of A.S.H.A. slides and films, ask for Pub. No. A-284.

Vol. 38 November, 1940 No. 6

**Journal of Social Hygiene**

Social Hygiene and National Defense: I

**CONTENTS**

Syphilis, Gonorrhea and The National Defense Program	Walter Clark, M.D.	351
Prevention, Diagnosis, Proper Social Cooperation	Dorothy W. Miller	352
The Impact of The National Social Hygiene Program on Youth	Samuel S. Gray, M.D.	353
National Defense and Social Hygiene in Ship-Works New York	Frank J. Kellack	354
Program, Principles for Propaganda Conditions	Ray S. Brown	355
Preventing Venereal Diseases in Military Communities	C. A. Hooper, M.D.	356
Women's Economic Home Control Program 1939-1940	E. S. Goffman, M.D.	357
The National Program to Abolish An 11 Status in Social Hygiene	J. S. Johns, M.D.	358
Summary Report of the Secretary, October 1940		359
Editorial		360
Reading Matter in America's Strength		361
National Defense		362
From Camp to 48 Hours		363
Truth Bites		364
Is and Not of the Campaign		365
Practitioner's Round		366
Advertisement		367

Fifth National Social Hygiene Day  
February 5, 1941

**Journal of Social Hygiene**

A Special Series on Social Hygiene and National Defense

- I. Program of the American Social Hygiene Association, and State activities. November, 1940.
- II. A Community Program: A symposium on civilian responsibility. December, 1940.
- III. An Industrial Program. April, 1941.
- IV. A Program for Youth. May, 1941.

35c a copy, or the four issues for \$1.00 postpaid.

**Exhibits**



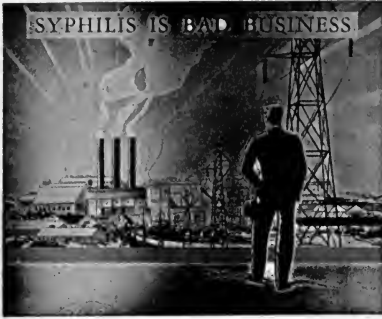
A New Exhibit on Social Hygiene and National Defense, 8 poster-charts in black and white, showing how syphilis and gonorrhoea threaten our armed forces, industrial workers and young people, and how to combat and prevent these diseases. *Price: Unmounted, 17" x 22", \$1 a set; Mounted, \$3. Miniature, 8½" x 11", 10 cents a set, 80 cents a dozen sets.*



"Good Times in Good Company" Help Build National Defense. Illustrates community responsibility to the man on leave. 17" x 22", 10 cents each unmounted, 50 cents mounted; 8½" x 11", \$1.00 per 100.







**Syphilis Is Bad Business.** Ten illustrated posters, red and black on white stock, outlining a campaign against syphilis, for industrial leaders. *Price:* 17" x 22", *unmounted* \$1. *Miniature*, 8½" x 11", 20 cents a dozen.

### Leaflets

**Bill and Jim Go on Leave.** Picture story of two soldiers' leisure time in a community near camp. Another of the popular **Health Helps Series**. Convenient pocket size, *in sepia on buff stock*. *Price* \$1.00 per hundred, \$5.00 per thousand. Pub. No. A-302.

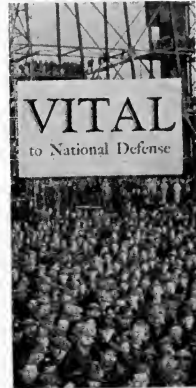
**So Long, Boys—Take Care of Yourselves.** Leaflet for young men about to join the Army or Navy. *Free in quantities*. Pub. No. A-305.

**Vital to National Defense.** A new educational folder for industrial workers. *Free in reasonable quantities*. 50 cents per 100, \$2.00 per 1,000. Pub. No. A-341.

### Pay Roll Envelope Stuffers

*Pictograph and cartoon style, payroll envelope size,*  
50c per 100, \$3.00 per 1,000

- A-227 **The Story of Two Men with Syphilis**
- A-228 **Syphilis Is Everybody's Problem**
- A-236 **Jerry Learns a Lesson—Keep Away from Quacks**
- A-340 **Industry Guards Against Syphilis**



### Pamphlets

*Unless otherwise stated, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. (Single copies free to members upon request—except as otherwise indicated.)*

*Pub. No.*

- A-298 **Syphilis, Gonorrhea and The National Defense Program**, Walter Clarke
- A-303 **The Case Against Prostitution**—a popular folder in two colors, showing how a community may rid itself of the prostitution evil. \$2.50 per hundred, 15.00 per thousand.
- A-304 **Why Let It Burn?**—explaining why a segregated "red light district" does not help control prostitution.
- A-306 **Minnesota Venereal Disease Control Program in Connection with Military Maneuvers**, R. R. Sullivan, M.D.
- A-307 **To Speed Our Defenses**, Dorothy W. Miller
- A-308 **National Defense and Social Hygiene in Up-State New York**, George J. Nelbach. 5 cents
- A-309 **Program Emphases for Preparedness Conditions**, Ray H. Everett
- A-310 **Preventing Venereal Diseases in Military Concentrations**, C. A. Harper, M.D.
- A-311 **The Defense Program in Alabama As It Relates to Social Hygiene**, J. N. Baker, M.D. 5 cents
- A-316 **American Communities Face a New Challenge**, Thomas A. Storey, M.D.
- A-319 **A Church Program for Defense Areas**, L. Foster Wood
- A-323 **Defense on the Venereal Disease Front**, Thomas Parran, Jr., M.D. 5 cents
- A-324 **A Memorandum to Y.W.C.A. Workers**, Janet Nelson, Ph.D.
- A-342 **Syphilis, Gonorrhea and National Defense Industries**, Walter Clarke, M.D.
- A-348 **Hidden Costs in Industry**—popular pamphlet for employers.
- A-350 **Protecting Industry from Venereal Disease**, Warren P. Draper, M.D.
- A-351 **How the Army Protects Soldiers from Syphilis and Gonorrhea**, Lt.-Col. A. P. Hitchens, M.C.
- A-352 **The Sexual Aspects of Military Personnel**, Capt. Joel T. Boone, M.C.

## ANNOUNCEMENTS

**Last Month.**—Complete copies of this *Twenty-Eighth Anniversary Number* are still available, containing *Program and Budget for 1941, Committee Reports, Notes on 1940, report of The Annual Business Meeting and Social Hygiene Day Greetings*. . . . Main articles reprinted from this number are: *Protecting Industry from Venereal Disease*, by Dr. Warren F. Draper; *How the Army Protects Soldiers from Syphilis and Gonorrhea*, by Lt.-Col. A. Parker Hitchens, U. S. A. (M.C.); and *The Sexual Aspects of Military Personnel*, by Dr. Joel T. Boone, U. S. N. (M.C.). *The whole issue 35 cents postpaid.*

**This Month.**—Most of the leading articles in this *Industrial Number* will be available in reprint form at the usual pamphlet prices, 10 cents each. Dr. Clarke's article has already been reprinted for special use in industrial work. . . . Miss Pinney's *Social Hygiene Day—A Year-Round Project in Health Education* will also be reprinted. . . . as will the special bibliography of pamphlets and materials on *Social Hygiene and National Defense (free)*. 35 cents for the whole number.

**Next Month.**—*Number IV* in the *Social Hygiene and National Defense* series will concern *Youth*. . . . Mrs. Elwood Street, President of the National Maternal and Child Health Council, has done considerable research to produce an article on *Hasty Marriage and the Draft*. . . . The outline, by Dr. Thomas A. Storey, A.S.H.A. Special Consultant, on *Some National Defense Problems of Universities and Colleges*, takes cognizance of the need for adapting existing facilities to new problems and programs, at a time when new funds are not to be had. . . . Also included in this number is material on building Army morale through recreation, and medical care and health education in the NYA program. *This also 35 cents postpaid.*

**The Set of Four Makes a Useful Gift.**—Send us \$1.00 and we will mail postpaid to any address you wish the four numbers of the JOURNAL so far issued on *Social Hygiene and National Defense*. . . . *Numbers I and II* dealt with the national, state and community problems and program.

**In June.**—The June JOURNAL will be the *Ninth Annual Library Number*, and will include *How Many People Have Syphilis?*, summary report on statistical studies of the prevalence of syphilis in the general population, by Marie Di Mario, Mary S. Edwards, and Dr. Walter Clarke. . . . Book reviews, *Social Hygiene Bookshelf* and other useful contents.

**A New Exhibit.**—*Social Hygiene and National Defense*. Eight posters showing how syphilis and gonorrhea threaten our armed forces, industrial workers and young people, and how these dangers can be combated. . . . Send for miniature sample, *Pub. No. A-354. Wall size, per set unmounted, \$1.00; per set mounted, \$3.00. 8½" x 11", 10 cents per set.*

**For Industry.**—*Vital to National Defense (Pub. No. A-341)*, the popular educational folder for defense industrial workers, is illustrated on page 174. . . . This month's *frontispiece* shows the larger picture from which the cover of this folder was made. . . . A new payroll envelope stuffer, *Industry Guards Against Syphilis (Pub. No. A-340)* is 50 cents per 100, \$3.00 per 1,000. . . . Other industrial items will be found in the bibliography on pages 217-19. *Write for free samples.*

**New Publications.**—This is the last call for *advance of printing orders* for the new revised edition of Dr. Snow's *Special Pamphlet Series: Health for Man and Boy (A-327), Women and Their Health (A-328), and Marriage and Parenthood (A-329)*. \$55.00 per thousand sets of the three titles, until May 31. After June 1, \$60.00 per thousand sets. . . . Two new bibliographies are out: *Social Hygiene Bookshelf (A-344)* and *Social Hygiene and Family Case Work (A-345)*. *These are free*. . . . Reprints of the bibliography in this number, as stated above, will soon be ready.

**On the Film Front.**—*In Defense of the Nation* is the A.S.H.A.'s new one-reel talking film enjoying wide popularity wherever shown. Have your various community groups seen it? Orders for prints on approval must be received well in advance of your preview date, because the supply of prints for this purpose is limited. . . . The price is \$75.00 for 35 mm. and \$50.00 for 16 mm., *transportation extra*. A few days must be allowed for filling an order. . . . Production is completed on a new film presenting to industrial workers *Plain Facts* about syphilis and gonorrhea. Release date will probably be in June, and orders can be placed now. It is a one-reel sound film like *In Defense of the Nation* and *With These Weapons* and sells for the same prices. . . . Meantime another film is projected, to be released before the end of 1941. This is the film telling the story of gonorrhea, as *With These Weapons* tells the story of syphilis. Planned for production last year, it had to be postponed in favor of the defense film, but many orders were placed and preliminary work done on the scenario, which is now to be completed as soon as the industrial film is on the sound track.

# Journal of Social Hygiene

Social Hygiene and National Defense. IV.



A Youth Program

## CONTENTS

Building Morale in the United States Army and Navy.. Frederick H. Osborn, Charles P. Taft, William H. Draper....	221
Hasty Marriage and the Draft.....Augusta J. Street.....	228
A New Jersey Community Provides "Good Times in Good Company" for Its Soldier Visitors..... Raymond A. Schroth.....	232
Some National Defense Problems of Universities and Colleges..... Thomas A. Storey.....	236
The National Youth Administration Health Program.....	240
NYA Groups Observe Social Hygiene Day in New York State.....	246
Getting Started on a Youth Social Hygiene Program.....	248
<b>Editorials:</b>	
National Defense and the Nation's Youth.....	252
Number IV on National Defense.....	253
National Events.....	254
News from the 48 Fronts.....	257
Summer Courses.....	263
In and Out of the Newspapers.....	264
Social Hygiene Aids for Youth and Youth Leaders.....	266
Announcements.....	268

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM

WILLIAM F. SNOW

EDWARD L. KEYES

JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*

WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.

BERTHA M. SHAFER, M.D., *Field Consultant*

SOUTHERN STATES DIVISION: 282 Audubon Street, New Orleans, La.

MRS. WILLIAM HALLER, JR., *Field Secretary*

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.

W. FORD HIGBY, *Field Consultant*

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311

MRS. GERTRUDE R. LUCE, *Field Secretary*

# IN DEFENSE OF THE NATION"



a new talking motion picture

*presented by*

The Committee on National  
Defense Activities

*of the*

AMERICAN SOCIAL HYGIENE  
ASSOCIATION

## MILITARY AUTHORITIES BUILD HEALTH

Remember that soldiers and sailors and defense workers are not special types of young men—they are hometown boys—your neighbors'—perhaps your boy.

The road they travel to your town leads to prostitution, law-evading saloons, gambling and amusements, the nation and the community suffer.

When a community stamps out these unsound conditions and provides decency and friendly churches, clean sports, good food and rest, adequate health and medical care, that community is truly aiding national defense and American welfare.



## GOOD TIMES IN GOOD COMPANY BUILD MORALE

EVERY CITIZEN'S JOB . . . might well be the title of this new film. I cannot too strongly emphasize



message that while soldiers, sailors and industrial workers are preparing our defense, every citizen shares in the responsibility of helping to protect them from the ravages of syphilis and gonorrhea, those deadliest enemies lying in wait for them on every highway. This film tells how the job of fighting these enemies can be done, and everyone will want to see it."

PHILIP R. MATHER,  
*Chairman,  
A.S.H.A. Committee*





COLONEL WILLIAM H. DRAPER, JR., FREDERICK H. OSBORN and CHARLES P. TAFT as they broadcast the panel discussion printed in this JOURNAL, beginning on the opposite page.

# Journal of Social Hygiene

VOL. 27

MAY, 1941

NO. 5

## Social Hygiene and National Defense. IV.

### A Youth Program

#### BUILDING MORALE IN THE UNITED STATES ARMY AND NAVY

AS DESCRIBED IN A RADIO BROADCAST BY THREE GOVERNMENT OFFICIALS

EDITOR'S NOTE: *The work of building morale in the new citizen army and in the navy was recently most interestingly and clearly set forth in a national broadcast by three officials who are chiefly responsible for this important job: FREDERICK H. OSBORN, chairman of the Joint Army and Navy Committee on Welfare and Recreation, talked on the purposes of the work; CHARLES P. TAFT, assistant co-ordinator of defense activities in the Federal Security Agency, and COLONEL WILLIAM H. DRAPER, JR., of the War Department general staff, described specific problems, measures being taken, and the tangible benefits received. The talks were given through the National Radio Forum as arranged by the Washington Star, and were broadcast over a national hookup of the National Broadcasting Company.*

The JOURNAL takes pleasure in presenting for the interest and information of its readers that part of the text which deals especially with social hygiene problems.

#### MR. OSBORN'S TALK:

. . . A few months ago we were making no preparation to defend ourselves. Today we have called a vast army for training. Congress has appropriated moneys for the production of munitions on a vast scale. We are determined that we will come out of this period of trial stronger spiritually, more fit physically and with a better understanding of the things in this country which are worth giving

our lives to defend. We have a great citizen army, composed mostly of men from civilian life.

There are a million men in camp now. By July there will be a million and a half. The Navy is doubling the number of its men. These men must be trained first of all to fight.

#### *A Man's Leisure Time.*

At the same time, we hope they may go back to civilian life better citizens because of their experience in the Army and Navy. The Army and the Navy are acutely aware of their responsibilities for training these men. And they have been giving thought to their leisure-time activities as well as to their training.

In February Secretary Stimson and Secretary Knox set up the Joint Army and Navy Committee on Welfare and Recreation, with the approval of President Roosevelt.

The committee has three functions. First, to make available the advice of civilians who are experienced in special fields, so as to help the Army and Navy in planning facilities for the soldiers and sailors when they are off duty. Second, to act as a liaison between the Army, which is in charge of the camps; the Navy, which is in charge of the naval reservations; the Federal Security Agency, which supervises the work in the communities near the camps, and the public, which wants to help with voluntary services and contributions. And, finally, the committee is asked to help keep the public informed about what is being done for the soldier and sailor in his leisure time and how it relates to his training.

#### *Several Groups Help.*

College presidents and educators have an interest in the civilian education of the soldier, so the Joint Army and Navy Committee has a subcommittee of 17 educators headed by Clarence Dykstra, president of the University of Wisconsin. Their meetings provide a forum for discussing ideas for the education of the soldier and sailor. The best ideas are sorted out to present to the Army and Navy. They concern chiefly the use of the movies, the radio and special courses for those still wanting to work after a strenuous day's training in the field.

Religious leaders and church members back home are concerned about the religious life of our soldiers and sailors. The joint committee has a subcommittee on religious activities, of which Mr. Charles Taft of Cincinnati is chairman. Ministers, rabbis and priests meet together in this subcommittee, discuss the religious services and influences in the camps, and develop their suggestions to be presented to the chief of chaplains of the Army and the Navy.

#### *Entertainment Problems.*

On their off time the soldiers and sailors want entertainment and in isolated camps it is especially hard for them to get it.



The Joint Army and Navy Committee has set up a subcommittee on entertainment headed by Robert E. Sherwood, the playwright, with George Kaufman as vice chairman. Long before he became a great writer of plays, Bob Sherwood had served as a private in the Canadian Army in the last war. He knows the soldier's wants and needs as well perhaps as any one in the United States.

The chairmen of these subcommittees serve without pay on a voluntary basis at personal inconvenience because they care a lot that the things provided for the soldiers and sailors in the reservations should help make them better fighting men if they have to fight to defend their country, and better citizens when they return to civil life.

### *Communities Helping.*

Off the military and naval reservations, the Army and Navy are no longer in charge. The men are free to go into the communities adjoining the camps. Every community is doing its share to provide decent and attractive surroundings, but where the community is small and the adjoining camp is large, the community may need outside help. Even our cities may need help to co-ordinate their services.

The Federal Security Agency was directed last December to supervise the work being done in so-called defense communities. In February Paul McNutt, Federal Security administrator, appointed Charles Taft of Cincinnati assistant co-ordinator in charge of the defense activities of the agency. He is here with us tonight.

Mr. Taft, will you tell us about the work the Federal Security Agency is doing for our soldiers and sailors?

MR. TAFT:

The Army is interested in what the soldiers find when they go to town because it has a tremendous amount to do with their morale and effectiveness as fighting men.

If a boy's family comes down to see him over a weekend and has to sleep in the car or on the bench in the railroad station, he gets mad.

If he goes to town himself for the weekend and he has to sleep on the floor in a warehouse, he is not so good when he gets back to camp.

Anybody would understand the necessity for driving out commercialized vice, but lack of these simple needs like toilets, sewers, a place to rest your "dogs," good food for a fair price, a pleasant place to get a glass of milk and a sandwich, all of these have direct effect on the morale of the Army even though they all are relevant only to the off hours of the soldiers.

That is, in a sense, the negative approach.

### *Home-Town Atmosphere.*

Affirmatively, the man in uniform is a long way from home and to make him a good all-around soldier you need to maintain just as far

as possible the ordinary home-town atmosphere. You need to convince the families in the community that these are boys just like their own, that they are longing for ordinary hospitality and social contacts. Most of them belong to churches at home, they are used to going to the Y. M. C. A. or the Knights of Columbus. We want to establish the same sort of contacts outside the camps.

The camps are in interesting areas often. Sight-seeing is always of interest. There may well be opportunity for stimulating hobbies and even for some measure of informal lectures, special movies and other semi-educational events. Soldiers need somebody to talk to who is not a superior officer, and their families need help when they come to town.

#### *Recreation Includes All These.*

Recreation is a restricted term but for our purposes it includes all of these things that I have been describing. It is even our job to set up methods for improving the service of commercial organizations and eliminating profiteering. Our agency is not going to operate these programs. The primary responsibility must rest on the local community itself. We expect to rely on existing local organizations or, where that is not possible or not sufficient, we have been offered and have accepted the help of the United Service Organizations, a group which is made up of the Y. M. C. A., Y. W. C. A., Salvation Army, Jewish Welfare Board, Travelers' Aid and the National Catholic Community Service.

They are going to operate most of our recreation buildings which we expect to build in defense areas if the community facilities bill passes Congress.

#### *Housekeeping Important.*

The morale of the soldier is profoundly affected by the town house-keeping around the camp. We are trying to secure adequate building regulations and zoning regulations in order to prevent slums outside the gates.

It is our job to see to it that adequate sewers, water lines and sewage disposal plants are set up to prevent the ordinary sources of diseases. We shall have to do a good deal of ditching and mosquito destruction in order to eliminate malaria. Hospitals and clinics will be needed to some degree for civilians where otherwise the absence of medical care might lead to epidemics.

Some families, both of construction workers and of other civilians looking for jobs or expecting to serve the needs of the camp are going to be stranded. To let those families go hungry has its repercussions on the community and therefore on the camp.

#### *The Problem of Prostitutes.*

One of the best advertised problems has to do with the importation of prostitutes by commercial interests, and the spread of venereal disease.

The position of the Army and Navy and of my agency is clear and unequivocal. There is just one thing to do with prostitution and that is to suppress it. That may not mean that it can be entirely stamped out, but I believe that we can set up procedures so that the commanding officers receive the fullest co-operation from local law enforcement officials supplemented by State officials so that it is reduced to a minimum.

The experience of the last war and in many circumstances since that time has demonstrated that this is the only way in which the medical problem can be handled.

We can rely on the moral forces within the camp and in the communities outside to play their fullest part in this program.

### *Measures to Be Taken.*

I am expecting to get the best man available in the country for my staff to direct this approach.<sup>1</sup>

A hearing is being held tomorrow on the May bill,<sup>2</sup> which will make commercialized vice a Federal offense outside the camp in the area fixed by the Secretary of War and the Secretary of the Navy. A similar statute was used only four times in the last war and we hope that this one when it is passed by Congress will be required no more frequently. We want local communities to do the job, but we are going to insist that the job be done.

We look forward to the organization in all of these defense areas of voluntary service bureaus, under whatever plan the President may eventually determine, where all volunteers may be registered, trained if necessary and related to local activities where they will be most effective.

Such a bureau should also stimulate the use of volunteers by existing organizations.

Thus, all working together we should be able to maintain for soldier and civilian in defense a well-rounded normal life.

That in itself will help to clarify and establish our American ideal, one nation indivisible, whose service is perfect freedom, which fights for justice to all.

I know you will be interested to know how this fits into the Army's program inside the cantonments.

<sup>1</sup> A few days later announcement was made of the appointment of Major Bascom Johnson as head of a new Division of Social Protection under Mr. Taft. Major Johnson has been for many years in charge of the A.S.H.A. Legal and Protective Activities, and is widely experienced in this field, not only in the United States, but throughout the world. He served in a similar capacity during World War I.

<sup>2</sup> H. R. 2475, "To prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy," was passed by the House of Representatives on April 21, and at this writing is before the Senate.

Here's Colonel William H. Draper, also a member of the committee.

COLONEL DRAPER:

. . . National morale is—in a sense—the national will to survive—the nation's attitude toward its way of life—its willingness to sacrifice all for its preservation.

The morale of our own American Army is similarly based—it is the composite will power of all its officers and all its soldiers—from the commander in chief to the lowest private in the rear rank. Its present morale is high. It arises from experiences shared together, from self-respect, from the common attitude of all toward their comrades, toward their leaders, toward their country.

*Morale Is Prime Responsibility.*

Morale—good or bad—is being created during each hour and day of Army life. The commanding officer of a company, a regiment, or an army, has no higher responsibility than that of maintaining the highest morale throughout his command.

It is apparent, therefore, that the various leisure-time activities, whether athletics, recreation or the civilian hospitality shown our citizen soldiers, are not the only, or even the primary factors in building the morale of our Army.

Often the highest morale arises from terrible hardships suffered and overcome together, when such hardships become necessary, and when such self-sacrifice is justified. But leisure-time activities do have an important and an essential part in maintaining *esprit de corps*, and an optimistic mental attitude by our men in uniform.

*Need Recognized in 1917.*

In 1917 Newton Baker, one of our greatest War Secretaries, recognized this vital need and, through the Commission on Training Camp Activities, built up a great civilian organization to care for the general welfare and recreation of our soldiers and sailors.

But this time, based on Mr. Baker's own recommendation at the end of the last war, both the Army and the Navy have recognized their own direct responsibility for all these activities in our great Army cantonments and on the Navy's ships and shore stations.

Just as the maintenance of high morale is a function of command, so these activities which contribute to morale, the intercompany baseball games, the moving pictures, the amateur theatricals, the entertainments and dances at the service clubs, all are a responsibility of the military commander. They all contribute to the welfare of his men.

*For Relaxation—Enjoyment—Recreation.*

From reveille at dawn to retreat in the late afternoon, military education, the first objective, is the order of the day. Just as the regimental commander supervises the combat problems, the map

reading, the firing practice and later the field maneuvers themselves, so after the day's work is done is he also interested in providing, so far as funds and facilities permit, whatever will be best for the relaxation, the enjoyment and the recreation of his men.

Congress has wisely provided funds for recreation buildings on each Army post. Each company has a day room where men can write to their mothers or their sweethearts, or where they can play checkers and backgammon.

Each regiment has its movie theater and its recreation building. Each division has its service clubs, where dances and other entertainments are held. Each camp and division has its morale officer to assist the commanding officer in carrying out all programs for the general welfare of the command. Each regiment has its recreation officer. Each company and each battery has its athletic officer.

These officers are selected for their proven leadership and for their experience in carrying on group activities. They find many able assistants among the enlisted men themselves.

Our growing citizen army includes every skill and every vocation. Football and baseball coaches, famous college athletes and those with dramatic talents—who are in the Army now—have readily volunteered to help.

But we must not over-emphasize the recreational or entertainment side of Army life. We must not forget that we are building—under the tremendous pressure of world events—an Army able and ready to fight to the last ditch, if need be, to protect our national freedom.

The time for training is short.

The need for trained men is great.

### *Healthy Recreation.*

On the other hand, it is equally important that our young men—who are willingly giving up a year to their country's service, have opportunity for the very best in leisure-time activities during off-duty hours.

Selective service means selected men—the best of our young manhood.

Clean sport, healthy recreation and occasional good entertainment are the best relaxation from the hard rigors of Army life, and the best possible protection against those temptations and those not so healthy influences which the War and Navy Departments are pledged to stamp out.

It is along these lines and with these objectives that the Army and the Navy are today carrying on activities for the general welfare and recreation of the men in our armed forces. We hope, and confidently expect that after the 12 months of training and service, our young men will return to civil life stronger physically, mentally and morally.

## HASTY MARRIAGE AND THE DRAFT \*

AUGUSTA J. STREET

*Past President, National Maternal and Child Health Council*

The question of *Hasty Marriage and the Draft* resolves itself into two questions that need answering. One is, do the facts prove that the number of marriages increased during the time when the Bill was under discussion by the public, hearings in Congress, and its passage, all prior to October 16, 1940, Registration Day? And the other, if a young man married to evade the draft, did he accomplish this evasion?

On the first point there is ample evidence to prove that the number of persons applying for marriage licenses did increase, particularly during the months of July and August 1940. References are to be found in *New York Times* stories of July 31st, August 11, 18, 25, 31. The story of July 31, with a date line from Los Angeles, stated that double the number of marriage licenses had been applied for. A Boston story said that the rush for marriage licenses was only equalled by a previous one-day high in the spring of 1917. The items of August 11, 13, and 25 gave material on the rush on the marriage license bureaus of Brooklyn, Staten Island, and Manhattan—lines forming as early as six-thirty in the morning, and causing the bureaus to stay open later than usual. The Brooklyn figures give 2,163 licenses in the first sixteen days in August, 1940, as compared to 1,179 in the first sixteen days of August, 1939.

I visited the license bureau in Washington, D. C., where the report was that the summer months of 1940 had gone up fifty per cent over the year before, but the clerk there brought up the fact that the government payroll had been expanded to the extent that everybody was sending home for his girl, now that he had a job. In Richmond, Virginia, the facts are about the same, except that the operation of a new marriage law requiring a physical examination, including a Wassermann test, went into operation the first of August, which probably influenced the figures. Students at the Richmond Professional Institute gathered facts showing that in Hartford, Connecticut, the figures for 1939 were 1,292 and for 1940, 1,683, with the high point from June to October. Over a hundred more marriage licenses were issued during October, 1940 than had been in October, 1939. The clerk at the bureau in Hartford calls attention to the fact of greatly increased employment in the national defense program in

\* Summary of a talk given before the Conference on Conservation of Marriage and the Family, Chapel Hill, North Carolina, April 10, 1941.

the factories of Pratt and Whitney, Colt, and others in and around Hartford, and also an increase in the population of the city itself.

In Annapolis, Maryland, the Arundel County Bureau reports an increase of fifty per cent since 1939, with the marked increase starting in August, 1940.

Hopewell, Virginia, reports greatly increased applications coming now from soldiers at Camp Lee, with the girls all from the boys' home towns.

Rochelle Park, New Jersey's license clerk reported a hundred and fifty per cent increase in the number of applications just before the Selective Service Bill was passed. "Ministers commented that all couples denied that they were marrying because of the draft, but evidence seemed to imply otherwise."

From several Virginia counties the County Clerks report increased numbers, and that the greater number of people are in the service.

Somerville, Massachusetts, reports April 1, 1940, 190; April 1, 1941, 260.

From these rather scattered sources there seems to be definite evidence of an increase in the marriage rate. However, we must not overlook the fact of increase in employment and the statement that has been made by many people, but especially well put by Dr. Janet Fowler Nelson, of the National Y.W.C.A.: ". . . among the girls that I have worked with it represents a speeded-up relationship, rather than any question of draft evasion. Also implicit in that remark is the fact that, although the usual courtship period may be fore-shortened, the couple have already known each other rather well, and not yet have we had much evidence of new acquaintanceship speeded into marriage. In other words, we have not the 'uniform' wedding yet." Many interviews with young people planning marriage, or recently married, seem to establish the facts as Dr. Nelson has given them.

Now, the other side of the question, that of evasion of service by marriage, presents an entirely different picture. The general public seems to have been convinced that no married men were to be included in the draft. We quote from testimony by Brigadier General William E. Shedd, assistant Chief of Staff, War Department, before the House Military Affairs Committee, July 24, 1940: "How many married men would probably be included, General, offhand, in the first 400,000 called?" asked Representative R. E. Thomason (D., Tex.), committee member. "None," General Shedd replied. "All of the first 400,000 will be unmarried?" repeated Representative Thomason. "Yes, sir," General Shedd replied.

However, the decision of the administration of the Act is left to the local boards, and these boards have been far from uniform in their application of the classification. My best and most comprehensive reference is an article written by Martha Strayer for the *Washington Daily News*, Thursday, January 9, 1941. The editorial

points out the injustice of the application of the Act, and tells of a survey made in communities where there are Scripps-Howard newspapers, which shows the way the draft works. We quote from a few:

Pittsburgh called a meeting of the local boards to draft a uniform policy.

In Indianapolis all married men are in class 3.

In Gary, Indiana, married men with working wives are in class A 1.

In Denver the policy is not stated, but there are two cases of young men of means, each married and having three small children, being placed in class A 1.

Memphis, Tennessee. No policy. One member of board says there is no necessity for married men, as there are plenty of single ones.

Ohio. Dependency is to be considered as more than mere money dependency. This was a statement of the Assistant Social Security Director.

In Cincinnati the local boards do as they please.

Cleveland, Ohio. No uniformity. Some local boards have put occupation instead of marital status. Draft boards quoted President as saying no married men were to be called first year. Four different boards all use different standards. All think they are lenient.

In Fort Worth, Texas, almost all married men are in class 3. This is decided by social case work method. If in doubt, the preference is given to the draftee.

In Houston, Texas, married men are automatically in class 3.

In San Francisco married men were automatically in class 3, until married women did not want to be considered unpatriotic. Then State Board urged the local boards to use case work method.

In Washington, D. C., 7 out of 25 local boards called married men with working wives for physical examinations.

New York puts all married men in class 3 whenever possible or practical.

The background that this information seems to establish means that everywhere all over the United States local Selective Service Boards are applying their own judgment and experience to questions that are definitely in the realm of the social case worker. Some boards do make use of case workers to establish evidence of dependency. However, according to instructions sent out by the Family Welfare Association of America, "Agencies are finding, also, that it is important to make clear that their function is simply to verify or discover the facts in a situation, not to recommend action." In other words, we are not using the experience and training of these specialists in the field.

The next question to be considered is the type of persons serving on the draft boards. In one city I was told that the American Legion had sent in a list of names of persons who might be eligible to render this service, which is of course on a voluntary basis. The only paid staff is clerical. In other states I was told that the Governor appointed the boards, which brings up the question of whether the political machine is at work again. Though women are citizens in good standing, I know of no instance in which a woman is serving on such a board. In case of an appeal from a decision of the board, the matter is handed over to an appeal agent who is a lawyer and would cer-



tainly proceed from the legal and probably not from too social a point of view. I do not mean to imply that there are not thousands of conscientious citizens giving their services as volunteer members of the Selective Service Boards, who are honestly trying to administer the law in an impartial and objective way. It has been my experience that volunteer service is very apt to be a thankless job, and I say all credit to these men, but also more help and more understanding from the National Selective Service Board and from their fellow citizens.

I cannot help but feel that the persons who are concerned in this field of family life missed an opportunity of making known some standards of selection for board members at the time that these boards were set up. The fact is certain that some handful of married men were inducted into the camps in January, and others are still being classified as A 1, in spite of the statement of Brigadier General Shedd quoted above.

### *Questions and Discussion*

Would there be more hasty marriages, marriages with little understanding of each other's background, in some economic groups? e.g. Industry?

There are numerous cases, girls marrying boys they don't really know, or girls marrying those they don't know well, just from being in the environs of camps, etc.

What is the most prevalent age now? Is it different enough from formerly to be significant?

Men are having difficulty at present finding jobs because they are eligible to the draft. Besides this problem for men, this is creating jobs for women and older men.

What kind of counsel should be given to those people who propose to marry hastily? Shall we encourage them to marry or wait, or keep marriage secret so they can keep working?

We can expect soon to have problems which are the result of hasty, ill-considered marriages: divorces, maladjustment, et cetera.

Are we sure we have the proper perspective? We are continually referring to the draft of the last War. But *now* we have peacetime conscription. The service is for a year only, if drafted, in reality not much more than an ordinary change in one's job, and yet we are fearful and cultivating what amounts almost to a conscription phobia. The crisis today as yet is entirely different from the World War.

Young people, as a rule, so far seem to be taking things in their stride; there is no such emotion as in the last war.

Many young persons will bring pressure on the persons they plan to marry: to bring it to a definite conclusion, on account of the uncertainties of the times.

Many are using contraceptives and keeping their marriages secret.

Ideally, we find some communities creating situations where families may remain together: homes established near camps.

We say glibly "only for a year," but how soon may we not be actually in the war?

A NEW JERSEY COMMUNITY PROVIDES "GOOD  
TIMES IN GOOD COMPANY" FOR ITS  
SOLDIER VISITORS \*

RAYMOND A. SCHROTH

*Chairman, Trenton Defense Service Council*

I am sincerely appreciative of the privilege of speaking to the New Jersey Social Hygiene Conference regarding the means that have been adopted by my home city of Trenton to deal effectively with the various problems arising from the presence of great numbers of soldiers coming in from Fort Dix, and of reporting on the results that have been obtained after seven months of experience in dealing with this new community responsibility.

From all that I have been able to learn through reports from many other cities throughout the country and also from representatives of local governments and welfare organizations who have come to Trenton to study the functioning of the defense program, the city has assumed a position of leadership in caring for the needs of soldier visitors.

The principal agency through which this responsibility is being met is the Defense Service Council of Trenton, which is the outgrowth of a foresighted realization by John L. Irwin, executive secretary of the Community Chest, that the advancement of the defense program, particularly the development of a large army, would bring problems requiring satisfactory solution if the social and moral standards of the city are to be safeguarded adequately.

Since its formation the Council, a representative group, has served as the co-ordinating and directional body for decentralized activities in which a number of established agencies, such as the Y. M. C. A., the Y. W. C. A. and the Y. M. H. A., have co-operated. To meet additional needs as they have developed new groups have been formed.

In the formulation of its program, the Council has kept two major purposes clearly in mind. One of these purposes is that of shielding the young soldiers who come to Trenton at night and over the week-end from the moral dangers to which they may be subjected, while at the same time striving to make their visits pleasant experiences.

\* Talk given before the third annual New Jersey Social Hygiene Conference at Rutgers University, New Brunswick, April 25, 1941.

The other is that of preserving community life as it is at present—preventing the transformation that so often takes place in a city or town when there is an extraordinary influx of people and restraints are lifted or control becomes lax.

In its effort to make certain that Trenton continues to be in the future what it is now and has been for some years—a clean city holding a minimum of moral dangers to soldiers—the Defense Service Council has had the vital advantage of the full co-operation of the late Mayor Leo J. Rogers, Prosecutor Andrew J. Duch and Chief of Police William A. Dooling, who determined in the very beginning that there would be no compromise with vice.

In fact, the forces of organized vice moved into town simultaneously with the arrival of the first National Guard troops at Fort Dix, only to meet with swift and severe police action and a stern attitude by the courts. Since then the police have maintained constant vigilance and a special squad has been assigned to this particular phase of law enforcement, with results that are wholly satisfactory. In the county and in the vicinity of Fort Dix the State and military police, together with agents of the State Department of Health, are taking this responsibility seriously and in consequence this phase of the obligation to safeguard the moral welfare of young men who are taken from their homes, their familiar associations and their normal way of living to give military service in a time of national emergency is being met effectively.

But there are other aspects of the problem. The Defense Service Council of Trenton has realized that the desired ends cannot be achieved through restrictive measures alone. If normal community life is to be maintained these thousands of young strangers must be fitted into the city's scheme of living. They cannot be left to their own resources, to their own impulses, to the diversions they may chance to encounter as they roam the streets aimlessly and friendlessly. They are entitled to friendship, to a practical interest in their welfare, to something more than the meager entertainment they can provide with their own limited funds. They should be able to find in a strange city the friendly contacts, the wholesome environment, the sports and the social attractions that would occupy their interest and time if they were in their home cities.

In a general way, the program of the Defense Service Council has been designed to take the soldiers off the streets of Trenton while at the same time keeping them out of the saloons and other resorts with a less wholesome atmosphere. To accomplish this purpose it has been necessary to appeal to a diversity of interests, which it has been possible to do through a wide degree of public co-operation.

A most important contribution to this end has been the consent of theatre owners to reduce their admission prices by half, an invaluable concession in view of the limited funds at the command of the average soldier. In addition, at the request of the Defense Service Council, bowling alleys, roller-skating rinks, boxing and wrestling

arenas, school and college basketball games have been made available to soldiers either at reduced rates or without admission charges.

During the Winter one of the great needs of the soldiers was auditoriums or gymnasiums for basketball, as there were no facilities of this character at Fort Dix. They were provided in Trenton through the co-operation of the Board of Education, and it was not unusual to have three or four games played on a single floor during the course of an evening, providing enjoyment, either as participants or spectators, for several hundred men.

Perhaps the most important single activity sponsored by the Defense Service Council is the operation of the Soldiers' Club in the center of the city, which serves as a place of rest and recreation and where the weekly attendance recently has averaged between 900 and 1,000 men. The club offers coffee and cake, games, music, a fine collection of books, all of the current magazines, provided through the generosity of the Trenton Engineers' Club, information service and practical help in many forms. It is a place to go when the soldier is tired, lonely, hungry and broke, as is often the case. A similar purpose is served by the Y. M. C. A., which also provides sleeping accommodations for a limited number of men, and the Y. M. H. A.

In the working out of our program in Trenton we learned quite early that the interests of morale required that the soldiers should enjoy pleasant and wholesome social contacts in the homes of Trenton people and with the right kind of girls. This is a need which has in large measure been filled after having first been given careful study.

We have recognized the potential dangers of this phase of our activities and the necessity of safeguarding the welfare of the girls and young women of the community as well as the moral interests of soldiers. The matter of conducting dances for the benefit of our Fort Dix visitors has accordingly been handled cautiously but successfully.

These dances have been held under conditions that insure the maintenance of high standards and have never been characterized by an objectionable incident. They are regulated, supervised and chaperoned along lines to eliminate any cause for anxiety or concern in the minds of those responsible for the welfare of the boys and girls, but not in a manner to interfere with enjoyment.

Through the efforts of a committee on housing, a list of more than a hundred homes in which soldiers or members of their families visiting them can obtain accommodations overnight at reasonable or nominal charges has been compiled. There are also many homes in which soldiers are welcomed for dinner as guests.

Within the last few weeks the scope of the Defense Council's work has been extended by reason of the assembling of a regiment of Negro troops at Fort Dix, creating a difficult responsibility by reason of the limited facilities available for the entertainment of these visitors, who have come to the city in fairly large numbers.

This situation has been met through the rental of a large and well-equipped building, formerly owned by the Negro Lodge of Elks, and within another week it will be available as a club room and recreation center for these soldiers.

In a general way these are some of the things that have been done and are being done for the soldiers who come to Trenton. What may be called the soldier situation in the city may be described most effectively, I believe, by merely reciting certain significant facts.

Although I am around the town a great deal, I have yet to see a drunken soldier, although this does not mean that some of them do not occasionally drink more than they should. The Chief of Police of Trenton has told me that the soldiers are creating no police problems, which is rather remarkable in view of the fact that about three thousand of them come to Trenton over the week-end. From an official of the State Department of Health I have learned that the percentage of venereal disease infection at Fort Dix is the lowest among the forty-six large camps of the country.

In fact, only two or three weeks ago an officer at Fort Dix who has an intimate knowledge and a great deal of responsibility with respect to all problems concerned with morale told me that the general situation, and particularly conditions in Trenton, was so good as to be almost unreal.

I hope that what has been done by the government, the social agencies and a great many generous, thoughtful and patriotic citizens of Trenton has contributed in some way to this highly satisfactory state of affairs. Primarily, however, responsibility lies in the fundamental decency of the young men who make up the American Army of 1941, whose spirit and character provide for all of us great cause for admiration and confidence in the survival of those ideals of freedom which we cherish so deeply.

---

"Always during emergencies the venereal diseases step forward with the intention of complicating a bad situation. It would be ironical, now that we have developed methods of control, if we allowed them to do so in this emergency. Our efforts to control these diseases must be intensified."

PAUL V. McNUTT, *Coordinator of Health, Welfare and Related Activities, in a talk on Special Problems in Our Health Defenses.*

## SOME NATIONAL DEFENSE PROBLEMS OF UNIVERSITIES AND COLLEGES

THOMAS A. STOREY, M.D., PH.D.

*Special Consultant, American Social Hygiene Association*

### I. *Emergency Problems Arising Out of the National Defense Program:*

1. Federal appropriations amounting to thousands of millions of dollars have been made for the implementation of modern mechanized aggressive defensive warfare in the air, on land, on sea, and undersea; and for the selective draft and specialized military training of over a million men a year, between 21 and 35 years of age inclusive, for five years—and probably for a much longer period—in addition to the National Guard and the Regular Army and Navy, including their respective air services and the Marine Corps.

2. Communities within reach of large numbers of enlisted men and national defense employees while off duty with money to spend—some of them lonesome, some of them homesick—are unprepared for the demands of these men and women for comfort, recreation and for relief from regimentation in camp, fort, warship, shop and office and for other wholesome recreational activities and satisfactions that maintain morale. Most of these communities lack leadership, information, plans, organization, personnel, facilities and financial resources—and they are worried.

3. The underworld is enterprising. It is already making arrangements for the entertainment of enlisted men and national defense employees while off duty, particularly on pay day. Their plans contemplate easy opportunities for all the accompaniments of drunkenness, gambling, prostitution and perversion. The morale of such men off duty, often lonesome with no wholesome, worthwhile activities available, is vulnerable. A homesick man yields more readily to prostitution if he seeks sociability in a beer joint, a bar-room or an underworld dance hall. Delinquency of women and girls

and of men and boys will increase. The rates for gonorrhoea and syphilis and illegitimacy will rise. There will be more broken homes and neglected children.

4. Every community in the United States is now or in the next five years probably will be represented by draftees in military or naval establishments or by employees in national defense industries. Some of these men and women of the future are now in high schools or in colleges. These communities in general are not ready with plans for the forehanded information and instruction of these boys and girls and men and women, concerning the hazards of gonorrhoea and syphilis and other dangers of the underworld that are ahead of them. These communities are not ready with plans for assistance in safeguarding the morale of their absent citizens; and not for assistance in the maintenance of the morale of their families. They are not ready with protective plans for their economic welfare on their return to the home town.

## II. *Pertinent Problems of the College and University*

1. The on-campus student is in some respects like the on-post enlisted man or the on-duty National Defense employe.

2. The off-campus student is in some degree like the off-duty enlisted man or the off-duty National Defense employe.

3. The college campus and the military or naval post are somewhat alike in their health defenses of students and enlisted men while on duty. (It would not be accurate to include the defense industries in such a statement.)

4. The army and the navy are stressing vigorous physical education activities that make for strength and endurance—activities that toughen manpower, getting it ready for National Defense. Defense industries in general are doing nothing specially for that purpose.

5. What should the college and the university do to make their physical education activities serve effectively as conditioners for competent human power for National Defense?

6. The communities within reach of the off-campus student

are to some extent like the communities within reach of the enlisted man off-duty or the National Defense employe off-duty.

7. The off-campus underworld is the same as that which waits, but with more active preparation and expectation, for the off-duty enlisted man, and the off-duty National Defense employe. Its preparation furnishes underworld beer halls, bar-rooms, dance halls, and burlesques infested with prostitution and perversion—all destroyers of health and morale.

8. The Army and Navy, and the College and University maintain on-campus and on-post activities that stimulate and maintain morale.

9. What additional pressures should be exercised by college and university divisions or departments of physical education, including athletics to stimulate and maintain high quality student morale?

10. The medical staff in the military or naval unit takes measures to inform the enlisted men concerning the hazards of communicable disease and especially of gonorrhoea and syphilis, when off-duty and out of camp or on shore leave, and to avoid exposure, prevent infection, and secure early treatment.

11. What are college and university health services doing to impress students with this information? Some of them will be drafted within the next five years, some of them will become National Defense employes. The rest of them will face the other responsibilities of citizenship.

12. What are college or university teachers of hygiene doing to inform and instruct students, men and women, concerning these communicable diseases, their causes, carriers, damages, and preventions, with particular reference to the National Defense emergency?

13. State Defense Councils and local defense community services are organizing programs of recreation that should stimulate and maintain the morale of the visiting enlisted man or National Defense employe; and thus compete with the underworld programs of drunkenness, gambling, prostitution, and perversion.



14. What can and should communities do for the safeguarding recreation of visiting college students through wholesome local programs that would compete effectively with the underworld?

III. *Because of the Pressing Importance of These Questions Every College and University in the United States Is Urged to:*

1. Stress its program of physical education activities so that it will develop strength and toughen the bodily endurance of student participants—young men and young women—and make them resistant to fatigue.

2. Promote the morale of its students through competent prepared leadership in all campus activities, particularly in those of physical education, including athletics.

3. Inform and instruct its students—men and women—by way of its class-room courses in hygiene and similar subjects, and by way of its student health services, concerning the hazards of communicable diseases, stressing gonorrhea and syphilis, their causes, carriers, avoidance, damages, and prevention.

4. Set up adequate curricula for the preparation of competent leaders for service in the organization and operation of community recreational programs that will compete successfully with the programs of the underworld.

5. And note and make use of the availability of the American Social Hygiene Association for pertinent carefully prepared scientific information. (*See p. 266-7.*)

## THE NATIONAL YOUTH ADMINISTRATION HEALTH PROGRAM

EDITOR'S NOTE: PRESIDENT ROOSEVELT'S *recent appointment of DOCTOR WILLIAM F. SNOW, chairman of the American Social Hygiene Association's Executive Committee, as the Health and Welfare member of the NYA Advisory Council, makes this program of fresh interest to social hygiene workers and JOURNAL readers. The statements which follow are reprinted from the JOURNAL of the AMERICAN MEDICAL ASSOCIATION, with the approval of and at the suggestion of DR. CARL E. RICE, United States Public Health Service Surgeon in charge of the Health Program.*

### I. PROGRAM PLANS

*(From the A.M.A. Journal, December 21, 1940. Medical Preparedness Section, pp. 2185-6.)*

The National Youth Administration has launched a nationwide health program to serve the needs of young workers who are employed on its out-of-school work program. This effort to afford young people the experience of practical health education in order to help strengthen the nation's vital defenses by building a strong and healthy population will be directed along three major lines:

1. A physical appraisal, by means of a technically competent health examination, of every youth assigned to an NYA job;
2. Correction of health defects through maximum utilization of community resources, through the use of supplementary medical and dental services provided where possible by the National Youth Administration, and through developing in youth an interest in improving their health by their own personal efforts;
3. Improved technical advice and assistance with respect to all NYA efforts having a direct and immediate bearing on the health of youth workers, such as nutrition, sanitation, physical development and recreation.

At the September, 1940, meeting of the Conference of State and Territorial Health Officers, Aubrey Williams, National Youth Administrator, outlined the purpose and scope of the out-of-school work program. Dr. Carl E. Rice, Surgeon, U. S. Public Health Service, assigned to the National Youth Administration, presented the general plans for the health program which is under his direction. The Committee on Hospital and Medical Care of this conference endorsed the proposed program in the following resolution:

WHEREAS, The health program to be initiated by the National Youth Administration is planned to promote the health and efficiency of its enrolled youths through the utilization of health and medical facilities which already exist, or may be supplemented by the National Youth Administration; and

WHEREAS, The program as planned seeks the active cooperation of state and local health departments: be it

*Resolved*, That the Conference of State and Territorial Health Officers endorse the principles and purpose of the National Youth Administration's health program; and

That the Conference recommend that the state health department serve, when requested, as co-sponsor of such statewide National Youth Administration health projects.

In addition to extending health services to youth, the National Youth Administration will continue through its work program to improve and extend community health facilities. During the year ended June 30, 1940, the record of accomplishment includes the production of over eight million articles of hospital supplies for public institutions, the construction of nine new hospitals and repairs and improvement to sixty-two others, the construction of forty other new buildings concerned with various health activities, and repairs and improvements on one hundred and thirty-one others. In addition, many young persons received work experience in a variety of hospital functions as ward attendants, laboratory assistants and kitchen and laundry workers.

The work program aims to acquaint young workers with modern production methods and prepares them for present employment conditions. Young men and young women gain practical work experience through employment on projects which produce useful articles, facilities and services for public agencies. Work experience in welding, sheet metal work, radio construction, automobile mechanics, wood working, sewing, book repair and office work is productive of articles for city and county departments and offices as police, welfare, health, education and sanitation.

As most of the National Youth Administration's work with unemployed young persons has a close relationship to the broad needs of defense, it has been designated as one of the National Defense agencies.

It is estimated that approximately five hundred thousand young persons out of school between the ages of 17 and 24 inclusive will be employed on the work program during the fiscal year. About 50 per cent of the persons so employed are young men. The average period of employment is less than one year. All of them come from families in the lower economic brackets. Increased employability and work productivity are important at all times, and especially at present.

One important aspect of the NYA work program, the operation of both resident and nonresident projects, influences the character of the health program. About fifty thousand young persons are employed on resident projects, where they live at the job site under NYA supervision twenty-four hours each day. In these resident projects the National Youth Administration must assume responsibility for the medical care of a comparatively small group of young

persons. This is not true for the much larger group of employed young persons. The NYA health program is not a medical care program, as responsibility for providing medical care for intercurrent illnesses of the employed young persons will remain with the family or community except for the small group mentioned.

The health examination for all young persons will be made largely by designated practicing physicians. This examination follows a standard national form and includes provision for necessary small-pox vaccination, for routine serologic blood test and urinalysis, and for a routine chest roentgenogram or a routine tuberculin test followed by chest roentgenograms for positive reactors. Everything possible is being done to assure the health education value of the examination. The examination is not regarded as a hurdle for young persons desiring to enter into NYA employment. The main purposes for giving the examination are to:

- (a) facilitate proper work assignment;
- (b) assist in the guidance of young persons in physical development and health education activities;
- (c) discover health conditions that need attention.

Naturally, young persons with communicable disease, severe heart lesions or mental abnormality must be excluded. It is not intended to exclude any youth from NYA employment because of physical limitations and consequent limitations in work capacity, unless such employment will endanger the life of the individual youth or will endanger the health and safety of other young persons.

The rehabilitative effort is aimed at the correction of actual and potential health hazards and those conditions which may not be health hazards but may reduce the employment possibilities and well-being of the youth. A great part of this effort will be through influencing the young people to make their own arrangements with physicians and dentists, using a portion of their NYA wage in payment for services. This will require considerable skilful counseling with the youth concerned on the part of NYA personnel. Success will depend also on the degree of consideration and cooperation given this effort by practicing physicians and dentists. In some areas, much of the necessary follow-up work can be secured through existing community agencies if such is necessary. Such facilities, however, are usually overburdened in taking care of sick people and are not particularly desirable places to send apparently healthy persons, either for examination or for corrective work.

The National Youth Administration will establish its own facilities in some regions in connection with larger projects utilizing the services of practicing physicians and dentists in the community on a part-time basis. Local economic conditions and the presence or absence of going health facilities will indicate the necessity for NYA supplementation.

The health of NYA employees will also be approached through activities in the field of nutrition, health information, physical training and recreation.

Each state health program will be directed by a physician of outstanding professional competence who will serve on the staff of the state administrator on a part-time basis, as health consultant, to give technical supervision and direction to all NYA health efforts. Assisting him and employed on a full-time basis to direct the statewide health project is the state health supervisor. The supervisor is usually a nonmedical person selected from the fields of public health nursing or physical education or from administrative positions in public and private health associations. Statewide health projects in every state operate in collaboration with state public health departments, which in most cases are giving material assistance in the supervision and operation of NYA health activities.

One of the main jobs of the health consultant will be to assure the wise expenditure of NYA funds. Another function will be concerned with utilizing existing health facilities to the fullest extent and securing the cooperation of practicing physicians and dentists. He will also be responsible for reviewing and making recommendations concerning medical services rendered in resident centers by physicians and dentists employed on a part-time or full-time basis.

The cooperation of the medical and dental professions will be necessary to enable the plan to succeed. As the various NYA state administrators approach officials and committees of state medical and dental societies, it is hoped that the representatives of the two professions will keep in mind that the NYA health program is primarily a practical health education effort aimed at influencing the future health practices of a group of young out-of-school unemployed persons, who will usually remain in NYA employment for only a short period.

The method of attempting to accomplish this purpose will be through imparting health information, acquainting and introducing the young people to the public and private health facilities available in their own state and community, and finally by exposing them to rehabilitative health services obtainable from the private practitioner either on the youth's own initiative or through NYA supplementation as may be indicated.

## II. SOME FIRST FINDINGS

*(From the A.M.A. Journal, May 31, 1941. Medical Preparedness Section  
pp. 2511-12.)*

While about 80 per cent of the young people employed by NYA are fit for any type of work, nine out of every ten have health defects, most of which can be remedied provided suitable treatment is made available, according to preliminary statistics compiled under the health program.

These figures are based on the results of medical examinations of ten thousand NYA workers made by local practicing doctors and dentists employed by the National Youth Administration to do this work. The records tabulated to date reflect the health needs of youth as seen by physicians from twenty-one states representing all geographic regions of the United States.

With the cooperation of the medical profession as well as of federal and state health authorities, the National Youth Administration's health program now operates in all states. As previously announced, the basis of this health program, which is an important part of the defense work of this agency, is a medical examination which facilitates assignment of youth to suitable work activities and at the same time discloses to young people their need for remedial treatment.

### *Health Status Classification*

Young people who have been given health examinations have been grouped into health status classifications according to their physical ability to work and to engage in athletic activity. While six groupings are actually being used, these will be condensed here into four:

*Group A* comprises 78 per cent of all youth examined. It represents those who are at present fit for any type of employment or athletic activity. The individuals of this group, although fit for any employment, received one hundred and thirty health recommendations for each hundred youths. The rate for females was considerably higher than for males.

*Group B* comprises 13 per cent of all youth examined. It represents those who have defects not thought to be amenable to correction but not severely handicapping. There were one hundred and sixty health recommendations for each hundred youths in this group.

*Group C* comprises 5.5 per cent of all youth examined. It represents those whose assignment to a particular job should be approved by a physician. Some require medical supervision on the job. There were two hundred and ten health recommendations for each hundred youths in group C.

*Group D* comprises 2.5 per cent of those examined. It represents those who are temporarily or permanently unfit for any employment. There were two hundred and ninety health recommendations for each hundred youths.

### *Recommendations, Type and Amount*

Dental care was recommended for 56 per cent of those examined. This is made up of recommendations made by both physicians and dentists. If dentists had been used to make the dental examination for each youth, the figure would have been considerably higher, since among youth examined by dentists 72 per cent were reported as having carious teeth, while physicians reported only 47 per cent.

It is of interest that, in 10 per cent of the youth, each had from ten to thirty decayed teeth.

Tonsillectomy was recommended for 15 per cent.

Refraction was recommended for 15 per cent.

Special diets were recommended for 10 per cent.

Minor surgery, including hemorrhoidectomies and circumcisions, was recommended for 6 per cent.

Venereal disease treatment was recommended for 2 per cent. If a youth is already under treatment for a venereal disease, many physicians do not recommend treatment in this type of examination, although they do note presence of the disease.

Major surgery, including hernia repair, was recommended for 2 per cent.

Hookworm treatment was recommended for 2 per cent. Considering youth from the Southern states only, treatment for hookworm disease and hookworm infection was recommended for 5 per cent.

### *Other Findings*

Slightly over 5 per cent were described as being malnourished, while obesity was present in 3 per cent.

Organic heart disease was reported in almost 3 per cent of those examined.

In this first group to be reported, tuberculin testing and chest roentgenograms had not been completed; however, the finding of 95 cases of pulmonary tuberculosis was reported, of which 26 were active.

One of the most significant results of these examinations as far as the medical profession is concerned is the revelation that 25 per cent of the youths examined reported they had never been to a dentist and 18 per cent reported that they had never been to a physician. This disclosure is especially meaningful when one remembers that this is a group of young people who have been out of our public schools only a short time, and presents a real challenge to those interested in health education and the application of preventive medicine.

The eight leading health defects for which corrections have been recommended can largely be taken care of in clinics or offices of physicians and dentists. Only a small group need hospitalization. Most of the health defects noted do not affect, at this early age, the ability of approximately 80 per cent of these youths to work, but many of the defects will influence unfavorably the selection of many youths by private industry and will, at a slightly later stage in life, decidedly affect the efficiency of the individual on any job, as well as eligibility for military service.

One of the main contributions of the NYA in obtaining treatment for young people who need it has been the payment of a wage to its youth employees which has enabled many to pay the cost of medical and dental care. NYA has placed many young people in contact with practicing physicians and dentists and has encouraged special private arrangements between the youth and the physician for defraying the cost of professional services. Where public or private clinics exist, it has been possible to facilitate access to these agencies for a sizable group of young people.

On the basis of experience thus far, it is believed that about 50 per cent of the NYA youth can be provided with needed health service through some such arrangements, depending on geographic locations. The remaining group of youth present a problem for which there is no present solution.

## NYA GROUPS OBSERVE SOCIAL HYGIENE DAY IN NEW YORK STATE

Reporting on the observance of National Social Hygiene Day, Karl D. Hesley, State Administrator of the National Youth Administration for New York State, said that young people employed on out-of-school work projects of the NYA in 42 upstate New York communities cooperated with health authorities in presenting programs of health education throughout the week, with special meetings on February 5.

Acting according to the general plan outlined in the January JOURNAL OF SOCIAL HYGIENE, NYA personnel supervisors presented the request of the American Social Hygiene Association for cooperation to youth workers, who took the initiative for working out ways of presenting programs of health information in their own localities. Young people themselves arranged for meeting places, invited individuals and organizations to participate in meetings, made posters, worked out radio skits, operated moving picture machines when health movies were shown, served as ushers, made book reports on health topics, arranged with public libraries for exhibits at meetings, and participated in forum discussions. Officials of local, district and state Health Departments and Committees on Tuberculosis and Public Health cooperated by providing speakers and furnishing movies on the topic of social hygiene and public health.

In reviewing the work which the young people did, Mr. Hesley said: "As part of our program of preparing young people for jobs, NYA has from the beginning stressed the importance of health. We are fortunate in having had the assistance of health authorities both in working out a program of health education for youth workers and in providing needed health services. It is gratifying to me, at this time when the interest of the nation is focused on the essential role of health in our national defense program, that NYA workers, in turn, have shown a willingness to do their part in promoting an interest in health on the part of both their own group and other young people and adults in their communities."

Perhaps the most refreshing part of the experiment was the keen enthusiasm the young people showed, both in making plans and carrying them out. While meetings centered around a health authority who was a specialist in this field, the young people showed originality in the part they played in the meetings that were held. In the first place, they tried to make them attractive to other young people by presenting them as something more than dull lectures. At one place, an American Indian presented a program of songs and dances, at another a Negro choral group sang, and at another, refreshments were the social bait that was used to give an educational meeting youth appeal.



Then they went about preparing to take part in the meetings themselves, so that they would have more than hearsay on which to base their questions and opinions. Under the direction of the local health authorities with whom they were cooperating, they read books and articles on the subjects. In one place, a committee read material which the health official had for distribution and selected that which they considered most suitable for young people. In another community, a committee read material to get ideas for posters, and then worked with young people assigned to an art project. In the course of looking up material to fortify themselves for their part in forums and radio broadcasts, they gained a comprehensive knowledge of the subject. In small group discussions preparatory to public meetings, they demonstrated that the experiment had generated in them an interest in becoming better informed about health problems themselves and taking part in a program of public health education.

In one community the young people encountered adult prejudice when they suggested that their program be given in a high school assembly. A representative from the school, who attended the forum discussion in which these young people participated along with health authorities, was so impressed, however, that the school authorities agreed to use it as an assembly program.

In a newspaper report of this meeting, the local paper carried this story: "Increased reading of sex literature, recreational programs and better standards of living were cited as major challenges to the spread of syphilis, at a panel discussion conducted as a part of the Fifth National Social Hygiene Day sponsored by the National Youth Administration at . . . .

"Fundamental sex discussion in churches and schools upon a more sensible basis and with more freedom were also urged although it was agreed that this would be dependent upon parental influence."

From all points of view, the participation of these young people in observance of National Social Hygiene Day was inspiring. It demonstrated, for one thing, how far a democratic youth program can go in promoting health education. It showed how willing young people are to tackle this tough problem and carry their share of the responsibility for breaking down ignorance.

## GETTING STARTED ON A YOUTH SOCIAL HYGIENE PROGRAM

The American Social Hygiene Association's Youth Service in the past few years has helped to find and meet social hygiene problems in hundreds of communities throughout the country. Much of recent improvement in social hygiene conditions as they affect young men and women has been accomplished under the leadership of agencies of youth itself. The various programs so successfully undertaken by youth and youth-serving agencies have been studied in an effort to find a general plan which may be suggested for use by youth groups not yet operating in this important sphere. This article as one result of the study, attempts to tell what the youth leader can do in establishing a youth social hygiene committee in his or her town.

### *Know the Facts Yourself*

An obvious first step in organizing a youth social hygiene program in your community is to inform yourself on the several aspects of this broad subject. You will wish to read about:

The cause, spread, treatment and cure of syphilis and gonorrhea; the laws to protect marriage and childhood from these diseases; and other legal and social protection for family life through the repression of commercialized prostitution, and provision of wholesome amusements.

Sex education in the home, in churches, in schools; successful family life including homemaking, economics, hygiene of marriage, parenthood, and child care.

And now particularly you will want to know something about social hygiene problems arising out of the present national defense program.

Abundant material on these subjects may be obtained through school and public libraries, the American Social Hygiene Association's Youth Service, from the United States Public Health Service and state and local health authorities, and from the American Medical Association. Your local defense councils and member agencies of the United Service Organizations will be sources of material on defense problems.

### *Getting Organized*

After you have completed your study of these subjects, you will want the help of other young people in formulating and promoting a program. Suggested are delegates from young people's societies in churches, Y.M. and Y.W.H.A.'s, Y.M. and Y.W.C.A.'s, NYA groups, youth sections of fraternal organizations, student clubs in high schools and colleges, youth sections of labor unions, community youth clubs such as Scouts, Jewish Juniors, etc. If there is a social hygiene society or committee in your community seek their advice early.

A successful organizer, among other things, keeps everyone busy and knows how to assign tasks according to the interest and talent of each committee member. But first your group must learn about the subject as a preparation for any later activity.

If you feel that you need additional advice, do not hesitate to appeal to your local Council of Social Agencies, or to the Association's Youth Service, which is always pleased to aid in any way possible. A sponsoring committee may be composed of representatives from the following: Public Health Department, Social Hygiene Society, Medical Society, Schools, Churches, Local Defense Council, NYA, etc.

### *Selecting an Objective*

When your group is informed and organized you are ready to learn about the social hygiene activities of your district and to plan to cooperate in these efforts. A brief and convenient classification of social hygiene activities is as follows:

*Medical and public health services* including diagnosis and treatment of infected persons, free laboratory and other diagnostic services, free drugs for doctors, and the following educational services and aids: lectures, exhibits, slide films, motion pictures, pamphlets and folders.

*Law enforcement services* for the repression of prostitution, the licensing and supervision of commercialized amusements; and protective activities such as the efforts of probation officers, visiting teachers, Big Sisters, recreation and character-building societies.

*Education services* including the teaching of the facts regarding syphilis and gonorrhea and the function of sex in life, by means of lectures and study courses, to prepare youth for marriage, parenthood and family life.

*Recreation and information services* for visitors to your town, that is, men of the armed forces on leave, or newcomers to your community. This should include social activities and other wholesome amusements, which should be made known through information centers and service men's clubs, and should also reach new workers in your expanding industries.

There will be, in most communities, agencies which are already carrying on some or all of these activities, such as churches, health and welfare organizations, defense councils, et cetera. But there is an indispensable part to be played by youth, whether in filling in the program where other agencies have not, or in supplementing an already well-rounded program.

### *Rounding-out Your Own Program*

There are many ways in which your program may be enriched and attention and interest may be focused upon your activities. A few of the most successful ones are suggested here for your consideration. It will be important to keep your committee membership full and active. Even as you are at work on the program itself you must figure out ways of attracting new young people to your plans.

You will want to stage meetings at which prominent individuals will speak on social hygiene subjects. Discussion programs have been found to be valuable. Choose topics related to social hygiene which hold interest for young men and women today. Draw your lecturers from the local Social Hygiene Society, the Council of Social Agencies, the City, County or State Health Department and Medical Societies, Church and School, University and College Faculties and Civic Groups. It is well, wherever possible, to have an experienced and recognized chairman for the discussion groups—chosen from the leadership of an appropriate agency.

Some groups have tried mock trials, sessions of a youth congress where resolutions are proposed and passed. Dramatic skits have been popular, some written by youth leaders for their own groups.

Films and exhibits will enliven your sessions. The A.S.H.A. has slide and moving pictures, with and without sound track. Your state and local health departments, department of education and the U. S. Public Health Service may have motion pictures and many other materials which will meet your needs.

A good many youth social hygiene groups have had considerable success with radio broadcasts on pertinent youth subjects with emphasis on social hygiene. Store windows have been employed to advantage for exhibiting the facts of social hygiene as it relates to youth. Drugstores have been especially helpful in educational efforts and in combating the dangers of quackery.

Remember that if there are ways of financing dancing and refreshments after a meeting it is well to plan for such additional pleasures for they always draw a crowd.

And above all do not leave the newspapers of your community out of your plans. Invite press representatives to all public meetings. Provide the press with statements on your activities. Organize if possible a publicity advisory committee.

Aids available from the American Social Hygiene Association include: (See p. 266-7.)

1. Topics for discussion.
2. Suggestions for programs.
3. Reading lists on all phases of social hygiene—books and pamphlets.
4. Lists of exhibits, posters, slide films and silent and sound motion pictures.
5. Lists (specially compiled) of agencies in your city or state from whom help may be obtained.
6. Lists of plays bearing on social hygiene.
7. Advice about any scientific program or activity problem.

---

## A CLEVELAND YOUTH PROGRAM

The Family Health Association of Cleveland, Ohio, recently sponsored a unique and most interesting program which was carried out by a youth group of the Central High School (Negro). Following some "demonstration" sex education in the school through personal science and personal regimen courses given by Mrs. Elva Evans, the youngsters chose for a debate the subject: *Resolved that Sex Education should be taught in High School.* Mrs. Evans reports the debate was so well done that it was repeated for various classes and for the Parent-Teacher Association.

Finally, on the evening of Social Hygiene Day, February 5, the five girls and two boys gave the debate before a representative audience of Cleveland citizens meeting at the Family Health Association. Mr. Philip Riley of the Board of Education was Chairman, and John Crawford, columnist for the *Plain Dealer*, was commentator. Through arrangement with station WGAR, the debate was also broadcast.

## EDITORIALS

### NATIONAL DEFENSE AND THE NATION'S YOUTH

The picture conjured up by these two phrases is one whose scenes blend into a panorama of our whole national life and destiny. Youth of past generations helped to build a nation worth defending; today's youth furnish the bulk of today's defenders. For what, if not for the freedom and security of youth in years to come, are we now marshaling our resources?

It is the present scene which naturally concerns us most at the moment. How can our young men in the army and navy, selected for their fitness, be kept fit, and come back to their communities the better for their period of service? How can those whose health rating falls short of the high standards demanded by military medical officers be helped to improvement? What can be done to protect the health and welfare of defense industrial workers, both men and women—most of them young—many of them far away from home? How can communities be brought to see that what affects visiting soldiers, sailors and workers affects also the hometown boys and girls?

Fortunately, the answers to all of these questions are known, and application is on the way. And still more fortunately, young people themselves are alert to find these answers out and put them to the test. "Youth's own fight"—youth groups began to say when they learned that three out of four syphilis infections occur between the ages of fifteen and thirty years: "youth's own job" more and more youth and youth-serving organizations are making it to help discover and remedy bad or inadequate social hygiene conditions, of whatever nature, and to help build instead sound and wholesome family and community life.

That this is true, as witness the varied testimony in this issue of the JOURNAL, is a bright spot which illumines the whole outlook.

So youth, though now as ever often seeming to their seniors heedless, irresponsible, ungrateful—may still, we believe, be counted on to do their part. And not only in today's emergency, but for tomorrow's long haul to maintain the national health and welfare that is our best permanent national defense.

NUMBER IV ON NATIONAL DEFENSE

As announced in previous issues of the JOURNAL and in the SOCIAL HYGIENE NEWS, this May issue is devoted to *Number IV* of the series on *Social Hygiene and National Defense*, discussing particularly the needs of youth and what is being done to meet them.

Previous issues in the series have been:

- I. *Program of the American Social Hygiene Association, and State activities.* November, 1940.
- II. *A Community Program: A symposium on civilian responsibility.* December, 1940.
- III. *An Industrial Program.* April, 1941.

The set of four issues is available at \$1.00 postpaid.

---

The JOURNAL records with regret the death of our good friends, Miss Julia K. Jaffray, Dr. J. Rosslyn Earp, and Minot A. Simons.

---

## NATIONAL EVENTS

**State and Territorial Health Officers Recommend Procedure Regarding Men Rejected for Military Service.**—The U. S. Public Health Service has announced the recommendations made by the 39th Annual Conference of State and Territorial Health Officers, to the effect that Congress authorize the U. S. Public Health Service to treat men rejected for general military service because of correctable physical defects. The Conference, consisting of all State and Territorial health officers, met with the Public Health Service in April to determine mutual solution of national health problems, many of them raised by national defense.

Pointing out that "nothing has been done on a national scale towards rehabilitating men found unfit for military service," the Conference's Committee on Hospital and Medical Care urged legislation by Congress providing funds as well as authority to the Public Health Service to accept rejected draftees as beneficiaries eligible for medical treatment upon application to the Surgeon General. The Committee reported that 42 per cent of all draftees are rejected for military service for physical defects, many of them correctable.

The Conference also recommended revision of regulations governing the allotment and payment of Federal Venereal Disease Control Funds to permit States to cut off aid to county and local health departments where police authorities fail to repress prostitution. The revision was urged by the Conference's Committee on Venereal Disease in view of the growing threat of prostitution to the health of men in military service. The Committee reported that "in some areas where armed forces or defense workers are concentrated, recent studies have indicated the presence of prostitutes equal to one per cent of the population. Under such conditions, so great is the number of exposures of the men and boys to infected or potentially infected prostitutes that there is grave danger that venereal disease rates will increase greatly."

Another recommendation urged reciprocity between States requiring blood tests for syphilis. Such reciprocity would permit prospective marital partners to have blood tests in their own States with the assurance that the test would be accepted by the State in which the marriage was to take place.

The Conference recommended that men called for military or naval service and found infected with uncomplicated gonorrhoeal urethritis be promptly inducted into the service and treated, rather than turned back to the civilian population where the infection may be spread. It was pointed out that modern methods of treating gonorrhoea result in prompt cures in a high proportion of cases.

Also recommended was a plan to prevent spread of venereal disease among the civilian population by men infected during military service



upon their return to civilian life. The plan proposes that blood tests and a thorough physical examination to detect venereal disease be given each man before his discharge from military service. Secondly, that sufficient treatment be given by the Army or Navy to infected men to render them noninfectious before discharge into civilian life. Copies of this plan were sent to the Secretaries of War and Navy Departments and to the Federal Security Administrator.

The Conference's Committee on Venereal Disease pointed out that more than a million men will be inducted into the Army each year for the next five years and in spite of the most effective venereal disease control program, it is certain that a considerable number of these men will be infected during their service period.

**American Public Health Association Announces Syphilis Control Program Annual Awards.**—Chicago, Louisville, Memphis and Pasadena are the winners in the special contest for the most effective Syphilis Control Program during 1940, which is part of the annual Inter-Chamber City Health Conservation Contest conducted by the U. S. Chamber of Commerce in cooperation with the American Public Health Association. At the same time, similar awards for Tuberculosis Control Programs were announced for Hartford and Newton, Massachusetts. This is the third year that these awards have been made.

The Grading Committee, Dr. W. S. Rankin of Charlotte, N. C., Chairman, decides the winners not on the basis of prevalence of diseases in these cities, but on the basis of participation, development and organization of community resources and facilities to reduce and control most effectively whatever tuberculosis and syphilis problems they may have.

Important questions asked and answered in these contests include: How successful is your city in finding its tuberculosis and syphilis cases early, in getting them under treatment and keeping them under treatment until well, in having contacts and possible sources examined and placed under treatment if found to be infected? Do the people of the city know how these diseases are contracted and spread, the dangers of improper or quack care, and the fact that these diseases can only be cured by continued long treatment? How does your city stand in combating these important diseases?

**Western Division A.P.H.A. Annual Meeting at San Diego.**—*The National Defense Program as It Affects the Public Health Worker* was the theme of the Annual Meeting of the Western Branch, A.P.H.A., in San Diego, Calif., from May 25 to 29. The sessions, which considered public health problems from the national, state and local viewpoints as well as from the military viewpoint, and also in the health education and nursing aspects, were on *Housing, Maternal and Child Hygiene, Venereal Diseases, and Industrial Hygiene and Sanitary Engineering.*

Dr. William F. Snow, Chairman of the A.S.H.A. Executive Committee, presided at the session on *Venereal Diseases* on May 27. Other speakers at this session were Lt. Col. Harold V. Raycroft of Fort MacArthur; Dr. Malcolm Merrill, Chief of the Bureau of Venereal Disease, California Department of Health; and Dr. T. J. Bauer of the U. S. Public Health Service.

*Shall Local Health Departments Be Strengthened?* was the subject of an important panel discussion led by Dr. Reginald M. Atwater, Executive Secretary of the American Public Health Association. National health as the keystone of National defense suggests that the efficiency of local health units should be improved.

In connection with the main theme, the general session of the meeting scheduled two important talks: Dr. J. C. Geiger, Director of the Department of Public Health of San Francisco, on *England's Wartime Experience in Public Health and What We in This Country Can Learn from It*; and Dr. W. T. Harrison, Medical Director and Liaison Officer, U. S. Public Health Service, for the 9th Corps Area, on *The Public Health Program in Areas Adjacent to Military Centers*.

Miss Eleanor N. Shenhon, A.S.H.A. Field Director, at present assigned to the West Coast, was also in attendance.

**First Annual Meeting of National Student Health Association.**—The first annual meeting of the newly-organized Negro college health workers' National Student Health Association, in New Orleans, April 11-14, was an outstanding success, with attendance by 66 delegates from 34 colleges in 17 states and the District of Columbia. Program and speakers appeared in advance in an earlier issue of the JOURNAL. . . . This marked the third time that health workers from Negro collegiate institutions have come together to discuss the student health problems of their colleges, and the fourth year of operation of the project—to stimulate development of student health activities—which has been backed by the National Tuberculosis Association and the American Social Hygiene Association.

**Parent-Teacher Congress Adopts Platform.**—The National Congress of Parents and Teachers, in a nine-point program adopted at the recent national convention, asked that Federal action be taken to safeguard young persons in training camps and defense industries, and in the communities adjacent to both, "from the evil effects of commercialized vice." In addition to this point, listed under "good health," the program requested that constructive use of the program of military training be made as preparation for citizenship, by including a plan of personal guidance and education to fit youth into the economic and social life of the community at the close of the period of military service.

Other points adopted by the group representing 28,000 Parent-Teacher Associations and 2,500,000 members, included: good homes, safety, equalized opportunity, conservation of natural resources and human values, vocational adjustment, constructive leisure-time activities, civic responsibility and active spiritual faith. The platform committee consisted of Mrs. P. C. Elliott, Mrs. Robert A. Long, Mrs. C. C. Clark, Mrs. Roger Scott, Mrs. E. K. Strong, Mrs. Joseph Miller, Mrs. W. W. Sherwood, Mrs. Newton P. Leonard, Mrs. Gertrude E. Flyte and Mrs. Chris Hirning, chairman.

## NEWS FROM THE 48 FRONTS

**Arkansas—Little Rock Civilian Military Council.**—One interesting example of a community organizing to meet special camp area needs is seen in Little Rock, where a Civilian Military Council, stimulated and formed by the Council of Social Agencies and civil authorities, carries on activities under such committees as: *Housing Data, Recreation, Home Hospitality, Commercial Amusements, Celebrations, Volunteer Bureau, Clubs and Facilities, Social Service, Traffic, Church Cooperation, Publicity, Budget and Finance.* A central building has been rented to serve as a clearing house for the Council. Activities for soldier recreation through sports in the high school gymnasium, entertainment in churches, dinner invitations from citizens of Little Rock, commercial amusements, et cetera, radiate from this central building.

One of the most important sub-committees in this set-up is concerned with legislation and law enforcement. Chairman of the committee is Mr. Sam Rorex, Federal District Attorney. This committee first studied the laws of Arkansas to see what would be most useful for their purpose, and found two: one which makes it possible to send delinquent girls under 18 to an industrial school; and another by which women over 18 years of age convicted of prostitution may be given a sentence of up to 3 years at the State Farm.

A meeting was then held with police officers and sheriff for a discussion of the problems and the laws to handle them, followed by a second meeting of health officers and prosecuting attorneys, resulting in agreement by all of these agencies to cooperate. A third meeting, of the whole group, coordinating with the meetings that went before, endorsed arrangements as follows: (1) bond required of women arrested for prostitution was raised from \$16.50 to \$500.00; (2) cases are not to be called for at least 24 hours after arrest, thus giving the police time to get evidence on statements made by women at the time of arrest; and (3) agreement made with Col. G. L. McKinney, Camp Surgeon at nearby Camp Joseph T. Robinson, that a venereal disease nurse sent out by the venereal disease officer of that extra-cantonment area could use a private office or room to secure better information from infected soldiers concerning the sources of their infections. It was further agreed that the prophylaxis records would include information concerning place of exposures and description of the women, provided that could be done without discouraging the interest of the soldier from securing prophylaxis.

Progress of the Little Rock Council's activities will be watched with interest by groups in other communities working on defense problems.

**California—Symposium on Public Health.**—The Third Annual Post-Graduate Symposium on Public Health was presented March 10–13 at the Watts Health Center, Los Angeles, by the Southern California Medical, Dental and Pharmaceutical Association in cooperation with national, state and local groups. Of special interest were the lectures given by Dr. Theodore K. Lawless on *Primary Syphilis—Diagnosis and Treatment, Discussion and Case Presentation of Syphilis, Differential Diagnosis of Secondary Syphilis*, and *Chemotherapy of Syphilis*; and by Dr. Julius P. Scholtz on *Clinical Interpretation of Serological Tests for Syphilis*.

The program was financed by the Los Angeles Tuberculosis and Health Association, from Christmas Seal Funds.

**Illinois—Chicago's Committee of Fifteen Reports.**—The Chicago *Committee of Fifteen* has issued the first of a series of bulletins on the activities of the Committee, describing some of the *Red Lights Extinguished* in Chicago through Committee assistance to public authorities. The cases described in this first bulletin were brought to a successful conclusion through action under the Injunction and Abatement Law of Illinois. Future issues will deal with such subjects as *Women's Court, National Defense and Commercialized Prostitution*. S. W. Evans, Superintendent for the *Committee of Fifteen*, is editor of the bulletin, and copies may be secured by addressing him at 203 N. Wabash Ave., Chicago.

**Louisiana—New Orleans Committee on Recreation for Service Men.**—Another community program oriented to the problems of a military area is seen in the work of the New Orleans Committee on Recreation for Service Men, sponsored by a division of the New Orleans Council of Social Agencies. An Information Center is maintained, consisting of a large room on the first floor, with washroom facilities on the second floor. The large lounge displays many pamphlets and posters provided by the Association of Commerce, describing the historical points of interest in the city; and is furnished with a writing desk and writing materials, magazines, newspapers, checker tables and other game facilities; posters from the member organizations of the Committee explain their facilities and program; and a church directory and list of services available through the three church groups, i.e., Catholic, Protestant and Jewish, is posted. The Information Center is open daily from nine in the morning until nine at night, and maintains twenty-four hour service through the weekends. Many of the activities for service men are arranged by a specific group which cooperates with the Committee, but dances and some other affairs have been arranged by cooperation of several of the member agencies. The latest report received from New Orleans indicates that the state Defense Council has approved the work of the Committee and has appointed a liaison officer between the Committee and the Defense Council. Inquiries or requests for copies of reports should be addressed to Group Work and Recreation Division, Council of Social Agencies, 312 Louisiana Building, New Orleans, Louisiana.

**Massachusetts—Annual Meeting of the Massachusetts Society for Social Hygiene.**—The theme of the annual meeting of the Massachusetts Society for Social Hygiene, which was held in Boston on Friday afternoon, April 25th, was *National Defense as It Relates to Social Hygiene Problems and Activities*. Boston's Police Commissioner, Joseph Timilty, spoke on *The Soldier on Leave in Boston*, discussing the problems which arise when large numbers of men in uniform on leave visit a big city, what should be done and what is being done. Captain Charles S. Stephenson, U.S.N., also addressed the meeting on *Citizen Responsibility in National Defense from the Viewpoint of the Navy*. Miss Jean B. Pinney and Mr. and Mrs. Philip R. Mather represented the A.S.H.A.

**Massachusetts—Dr. Nelson Resigns.**—Doctor Nels A. Nelson has resigned from his post as Director of the Division of Genitoinfectious Diseases of the State Department of Health and will study and teach at the School of Hygiene and Public Health at Johns Hopkins University in Baltimore.

The *Bulletin* of the Massachusetts Society for Social Hygiene pays him tribute as follows:

“It is with deep regret that the Officers and Directors of the Society have learned of the resignation of our good friend, Dr. Nels A. Nelson, from the Directorship of the Division of Genitoinfectious Diseases of the State Department of Public Health. . . .

“For many years the program of this Society has had the advantage of Dr. Nelson's interest and support. A member of the Board of Directors and of the Executive Committee, he has given us unstinted assistance and advice and it is difficult for us to look forward to the future without his friendly association with us in our daily work. In the administration of his office, he has brought the genitoinfectious disease control program in Massachusetts to the enviable position which it holds throughout the country, and the work of this Society, where it has touched public health endeavor, has benefited greatly from its close association with the work of Dr. Nelson. We shall miss him very much.”

**Massachusetts—New England Health Institute.**—*Public Health in National Defense* was the theme of the eleventh annual meeting of the New England Health Institute held in Boston on April 2, 3, and 4. Among the sponsoring agencies were the health department of every New England State, the U. S. Public Health Service, the U. S. Department of Labor Children's Bureau, the New England Tuberculosis Association, the Massachusetts Public Health Association and the Central Health Council. Speakers for the three-day institute, which was divided into sixteen sections covering every field of health work, included Dr. Thomas Parran, Surgeon General of the United States Public Health Service; Miss Katherine Lenroot, Chief of the Children's Bureau of the United States Department of Labor, and Brigadier General Frederick F. Russell of the United States Army Medical Reserve Corps.

Of special interest to social hygiene workers were *Section VII on Genitoinfectious Diseases*, in session for two mornings, and *Section VIII on Health Education*, holding sessions for an entire day.

**Massachusetts—American College of Physicians Meets.**—Various phases of the National Defense Program were discussed by the Surgeons General of the Army, the Navy, and the Public Health Service, at one of the meetings of the Annual Session of the American College of Physicians on April 24, in Boston. Topics also discussed included *Industrial Hygiene in the National Defense Program* by Paul A. Neal and J. J. Bloomfield of the U. S. Public Health Service; *Special Medical Service in the Defense Program* by Captain C. S. Stephenson, U.S.N.; and *The Recruit's First Year* by Lt. Colonel Patrick S. Madigan, U.S.A.

**New Jersey—New Jersey Social Hygiene Conference.**—The Third Annual Social Hygiene Conference was held at Rutgers University, New Brunswick, on Friday, April 25th. The Conference theme was *Social Hygiene in National Defense* and was under the auspices of the Medical Society of New Jersey, the New Jersey Social Hygiene Association, the New Jersey State Department of Health, the American Social Hygiene Association, the New Jersey Health and Sanitary Association and the Advisory Committee on Health, Welfare and Recreation of the New Jersey Defense Council. One of the principal addresses was delivered by Major Bascom Johnson who spoke on *Law Enforcement and Protection of Women and Girls in Communities Near Military Areas*. The other subjects and speakers were: *Maintaining Community Morale*, William L. Dill; *Health and Morals in Defense*, Dr. C. C. Pierce; *Organizing the Community Human Service for Defense*, Arthur T. Noren; *The Benefits of Industrial Medicine*, Dr. D. O. Hamblin; *The Relation of Recreation Activities to the Defense Program*, Walter A. Gardell; *How the New Jersey Defense Council Functions in Relation to Problems of Health, Welfare and Recreation*, William J. Ellis; *Family Life Education and National Defense*, Mrs. Margaret S. Funk; *Are We Meeting Youth Needs in Education for Family Life?*, a panel discussion under direction of Mrs. Funk.

**New Jersey—Post-Graduate Course in Venereal Diseases.**—A post-graduate course in venereal diseases has just been given in Metuchen, Paterson and Jersey City by the Division of Venereal Disease Control of the New Jersey State Department of Health in cooperation with the United States Public Health Service, and under the auspices of the Venereal Disease Committee of the Medical Society of New Jersey. The course was opened to physicians only and covered all the venereal diseases, reviewed the latest authentic information on the therapy of syphilis and gonorrhoea and provided for demonstrations and discussions. The lectures and demonstrations were given every Saturday and Wednesday morning until June 7th.

This course follows up a similar course given last fall in six different sections of the state: Orange, Camden, Morristown, Neptune, Trenton and Paterson. Two hundred and fifty-one physicians attended this first series.

**New York—Mineville.**—On Tuesday evening, May 6th, a county-wide meeting on *Social Hygiene and National Defense* was held in Mineville under the sponsorship of twenty Essex County and local groups. In addition to the main addresses given by Dr. William Duden, Assistant District State Health Officer on *Health Protection—A New Challenge to American Communities* and by Frank K. Gibson, Executive Secretary of the Essex County Y.M.C.A., on *Good Times in Good Company*, the A.S.H.A.'s new film, *In Defense of the Nation* was shown. A discussion on *Citizen Participation in Building America's Health Defenses* followed. Dr. Thomas J. Cummins was Chairman of the meeting.

**New York City—Report of Activities of the Bureau of Social Hygiene for 1940.**—Through its Bureau of Social Hygiene, the New York City Health Department is cooperating in the national defense program, concentrating attention on syphilis and gonorrhea as the chief causes of non-effectiveness in military and industrial personnel. During 1940, 30,718 cases of syphilis and 14,639 cases of gonorrhea were reported for the first time to the Department of Health; two additional Social Hygiene Diagnostic Services were added to the nineteen which were already in operation, treatment being given to those not able to pay in sixteen; an increase of 35,615 in the number of serologic tests done by the Bureau of Laboratories was reported, due to the increased premarital tests and tests done for Selective Service Boards; an increase of drugs allotted to physicians for their patients; lectures, motion pictures, literature, posters, exhibits and radio broadcasts used in educating professional, military and lay groups.

Several projects and surveys under way include the Gonococcus Research Project; the Massive Dose Arsenotherapy Project; an evaluation of treatment of gonorrhea in men and women; and a survey of venereal disease cases under treatment in New York City.

**New York City—Follow-up of Selective Service Candidates with Syphilis.**—The calling of tens of thousands of young men for physical examination, including blood tests, under regulation of the Selective Service Act presented an opportunity which the New York City Department of Health eagerly grasped. By arrangement with the local Selective Service Administration and the Bureau of Laboratories of the Department of Health, each registrant with a positive blood test or with clinical evidence of venereal disease was reported to the Bureau of Social Hygiene. Since the home address given to the Local Board was correct, main reliance was placed upon variation of the routine direct-by-mail follow-up. In rare instances, male investigators of the Bureau of Social Hygiene made home visits to convince recalcitrant persons, infected with syphilis or gonorrhea, to place themselves under medical care.

Registrants reporting to the treatment and diagnostic centers maintained by the Department of Health were given further examination

and advice. Other registrants stated they were under treatment by physicians. If search of the official file did not reveal a case report, a medical epidemiologist called upon the physician and explained the requirements of the Sanitary Code and the State Public Health Law. Many registrants freely admitted they had known of their infection, had taken treatment, and had not continued until cured. Others were unaware of infection until the examination and blood test had revealed it.

Wherever possible, registrants were referred to their family physicians. Those who had no doctor, and who requested it, were given five names from the Bureau's panel of physicians maintained in cooperation with the five county medical societies. Registrants who could afford clinic fees were referred to voluntary agencies. Only indigents were admitted to a venereal disease center maintained by the Health Department.

The provisions of the Selective Service Act gave further opportunity for valuable follow-up procedures by detecting infected individuals in the family and other contacts.

**New York City—Program on Protecting Family Health.**—An all-day program on *Protecting Family Health* was held on April 22nd at the Washington Heights Health Center under the auspices of the Social Hygiene Committee of the Washington Heights-Riverside District Health Committee, the New York Tuberculosis and Health Association and the New York City Department of Health. The program included three sessions on *Laying the Foundations for Family Life*, *Social Hygiene in New York City*, and *The Part of the Church, Home, and School in Preparation for Family Life*. Questions and general discussion followed each session.

**Oregon—State Conference of Social Work.**—The Oregon Conference of Social Work held its Twenty-Fourth annual meeting in Portland on April 30—May 3. Among the speakers was Miss Eleanor Shenehon of the national staff who addressed the group on May 2nd on *Health and Social Work for National Defense*.

**Washington—Public Health Institute.**—The Pierce County District Federation of Women's Clubs, the County Council of Parent-Teacher Associations and the Pierce County Women's Christian Temperance Union sponsored an all day Public Health Institute in Tacoma on April 30th. The morning was devoted to a panel discussion on *Our Concern: The Health of Every Child*. Miss Eleanor Shenehon, Assistant Director of the A.S.H.A., spoke on *Social Hygiene in the Defense Emergency*. Miss Shenehon also addressed the thirty-third annual meeting of the Washington State Conference of Social Work at Wenatchee on April 29.



## SUMMER COURSES

**Chautauqua—July 7 to August 15.**—New York University graduate credit courses, *Social Hygiene Education, Parts I and II*, Mabel Grier Leshner, M.D. *Part I* aims to meet the increasing demand for teachers and leaders trained in the wider field of social hygiene, known as sex-character education. *Part II* considers that phase of social hygiene in family-social relationships which is directly concerned with the problems and needed adjustments of the late adolescent and of the adult involved in constructive marriage and social relations. For further information, address Chautauqua Institution, Chautauqua, N. Y.

**Columbia University—Teachers College—July 2 to August 15.**—*Family Social Relations* course in Department of Household Arts and Sciences, under Professor Helen Judy Bond, with lectures by Professor Maurice A. Bigelow, A.S.H.A. Special Consultant. For further information address Registrar, Teachers College, Columbia University, New York City.

**Dickinson College—School of Family Relationships—June 11 to 16.**—An All-American Session, with outstanding lecturers for various courses on personality development, family relationships, consumer problems; of special interest, *Social Health of the Family*, Valeria H. Parker, M.D., on sex education, boy-girl relationships, and preparation for marriage. Also a special course for teachers, *Human Relations Education in Schools*, Dr. Maurice A. Bigelow. Mrs. Mulford Stough is Director of the School.

**University of Michigan—Division of Hygiene and Public Health—June 26 to August 9.**—Courses in hygiene and public health fields, including *Communicable Diseases and Epidemiology* (Dr. Gowen), *Industrial Hygiene* (Dr. Sink), *Health Education* (Dr. Rugen), *Veneral Disease Nursing* (Miss Pearce), and *Sex Education and Hygiene* (Dr. Forsythe). For further information address Division of Hygiene and Public Health, University of Michigan, Ann Arbor, Michigan.

**Vassar College—Institute of Euthenics—June 19 to July 31.**—For the study of human relationships and the application of the arts and sciences to the betterment of human living, with various seminars and discussion groups on *Child Development, Family Relationships, and Guidance*, under Mary Shattuck Fisher, Ph.D., and Caroline B. Zachry, Ph.D. For further information address Dr. Ruth Wheeler, Director, Institute of Euthenics, Vassar College, Poughkeepsie, N. Y.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

With an unlimited national emergency declared by the President, health and welfare organizations are being keyed up to do their part for the defense of America. The health of the men in uniform and of defense workers is a paramount concern of government officials—for the vital forces of manpower must be protected. New army camps and expanded industries enhance the chances for an increase in venereal disease. With the Army and Navy health and recreation program well underway, the Association is helping to prepare a new battle front by attacking syphilis and gonorrhea among defense industrial workers. The *Pittsburgh Sun Telegraph* (May 18, 1941) leads off a story with "Five per cent of the workers in some of **Pittsburgh's** industries have syphilis. The national average is one out of twenty. Of the first million United States draftees, 40,000 were syphilis-deferred."

A recent summary-survey on the prevalence of syphilis and gonorrhea in the United States was released last month in a pamphlet called *How Many People Have Syphilis?* This study showed that tests conducted throughout the country among different occupational and social groups indicate three of every one hundred adults have syphilis. The *New York Post* (May 22, 1941), reporting on the survey sums up in this fashion:

"Three per cent of the adult population of the United States during 1935-40 had syphilis.

"That is the American Social Hygiene Association's reply, made public today, to the long debated but never heretofore intelligently answered question of syphilis prevalence in the United States.

"It was arrived at by Marie Di Mario, the Association's Statistical Consultant, Mary S. Edwards, formerly Statistician of the Association and Dr. Walter Clarke, its Executive Director, after preparing the most comprehensive study of the subject ever made."

Of 183,718 industrial employees included in this survey, 5.43 per cent were found to have positive tests for syphilis.

On the industrial side, the Association offers its assistance especially for

the conduct of educational campaigns among workers. To quote from a recent letter to industrial and labor publications:

"Our experience with industrial problems over the past twenty years has convinced us that instruction of workers is the most important single item in any program for combating syphilis and gonorrhea.

"The social hygiene problems of industry are more difficult and, at present, quite as urgent as those of the armed forces if we believe that the production of arms, munitions, ships, planes and other materials is essential to national defense.

"We are anxious to bring this program to the attention of both employers and employees. More than that, we are anxious to bring the facts about syphilis and gonorrhea to the men and women in industry . . ."

Many new educational materials are in preparation for the special interest and information of industrial workers. The Association is also rapidly developing a field educational service for industry.

Another way—perhaps one of the surest ways—of reaching the public with needed health information is

through the pharmacy. With this in mind, at a meeting in Philadelphia recently it was decided to expand the program of the year-old *Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association*. Urging pharmacists to cooperate, the Committee asked that all state pharmaceutical and local associations, as well as state and local health departments, and other social hygiene and welfare groups join with individual pharmacists operating the 60,000 retail pharmacies in the United States in spreading information about syphilis and gonorrhea.

Down in Atlanta, the police drive against prostitution and organized vice is once more proving to be one of the most effective ways of fighting venereal disease. The *Atlanta Constitution* (April 6, 1941) in an article by Harold Martin reads as follows:

"Atlanta in making a strong police drive against vice is taking the most effective action known to eradicate the problem of the prostitute and the diseases which accompany prostitution, Sidney P. Howell, field director for the anti-syphilis committee of the American Social Hygiene Association, said here yesterday.

"Spokesman for an organization which believes that firm repression of prostitution by police and courts working hand in hand is a far more effective method of controlling venereal disease than segregation, Mr. Howell said that the plea for control by segregation is music to the ears of the underworld and fails to serve its purpose."

In Houston, assistance of the Federal Department of Justice and the Federal Grand Juries in communities adjacent to community centers for more adequate control and prevention of racketeering in prostitution was advocated by Dr. William F. Snow before a luncheon meeting of social and welfare workers at the Texas State Hotel in Houston. Pleading for federal assistance, he said: "Federal assistance for local and state authorities in combating vice dealing in sex is needed in this national emergency as a supplementary measure. Local authorities carry the responsibility of detaining and treating diseased prostitutes, but the federal aid in going behind the scenes to stamp out the exploiters and promoters is essential now as it was during the period 1917-

1920." (The *Houston Chronicle*, May 9, 1941.)

The newspapers of the country have reported passage of five new prenatal and five new premarital laws. Stories of prenatal laws passed have come in from Oregon, Nevada, Utah, Wyoming and Vermont; on premarital laws from Iowa, Utah, Ohio, Vermont and Maine. A comment from the editor's desk in Missouri blasts all arguments against this protective legislation, saying: "To say that regulation of marriage to eliminate syphilis is too strict is to argue that it is better to have the disease than to take steps to do away with it. As to making a racket out of issuing certificates without an examination, there aren't many physicians with so little ethics as to falsify such certificates and, if there are, it is the duty of state authorities to control such law violations."

Jacksonville is fighting its campaign with quarantine signs. The *Jacksonville Journal* (May 16, 1941) carried reproductions of signs *Gonorrhoea—Keep Out* and *Syphilis—Keep Out* which have been tacked upon eighteen houses in the city, warning that these houses were found to be harboring sources of syphilis and gonorrhoea and that anyone attempting to enter or leave will be prosecuted.

The latest issue of *Survey Monthly* devotes its leading article to *The Vice Problem and Defense* by Bascom Johnson, telling of his new assignment in Washington as Director of the Division of Social Protection of the Federal Security Agency. Accompanying the article, is a page of photographs from *In Defense of the Nation*, dramatically summarizing the argument against commercialized prostitution.

A few words quoted from the editorial *National Health* in the weekly newspaper, *Cove News*, from *Roaring Spring, Pennsylvania* (May 15, 1941) get this writer's vote for the editorial of the month when it so ably interprets the health problem in an emergency: "As America looks to an indefinite future and perhaps for an unprecedented crisis, each and every citizen must sacrifice to the limit for a successful defense of his heritage. Preparing on all fronts should mean just that—preparing on all fronts. The health of a nation is a major factor in its progress and survival. America should check up, build up, and keep up her health standards."

## SOCIAL HYGIENE AIDS FOR YOUTH AND YOUTH LEADERS

*These materials, especially selected, are offered at cost to youth and youth-serving group leaders. Additional lists and suggestions will gladly be furnished on request.*

### Pamphlets

*Unless otherwise stated, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. As a special privilege the A.S.H.A. Youth Service will provide to youth and youth leader groups, an entire set of the pamphlets listed below for \$1.00 postpaid.*

- | Pub. No. |  | For Boys and Girls                                 |                 |
|----------|--|--|-----------------|
| 626      | From Boy to Man  |  |                 |
| 831      | Health for Girls   |  |                 |
|          |  | For Young Men and Women                            |                 |
| 853      | The Question of Petting, Max J. Exner  |  |                 |
| 972      | Betrothal, Paul Popenoe  |  |                 |
| A-176    | Choosing a Home Partner, Newell W. Edson   |  |                 |
| A-186    | What You Should Know About Syphilis and Gonorrhea, Max J. Exner                                  |  |                 |
|          |  | \$1.00 per dozen, \$7.50 per 100, \$50.00 per 1000 |                 |
| A-327    | Health for Man and Boy   | } Special Series (25 cents a set)                  |                 |
| A-328    | Women and Their Health   |  |                 |
| A-329    | Marriage and Parenthood  |  | William F. Snow |
|          |  | Leaflets, \$1.00 per 100, \$5.00 per 1000          |                 |
| A-102    | "Our family are having their blood tests"—for Negro groups                                       |  |                 |
| A-130    | Questions and Answers About Syphilis and Gonorrhea—for patients especially, but generally useful |  |                 |
| A-194    | Health for Your Baby and You—for expectant mothers   |  |                 |
| A-237    | Jerry Learns a Lesson—Keep Away from Quacks—for young men  |  |                 |

### For Youth Leaders

#### *Sex Education*

- 778 A Formula for Sex Education, 5¢
- A-220 Education for Marriage, Max J. Exner
- A-349 Social Life for High School Boys and Girls, Paul Popenoe

#### *Marriage and Family Relations*

- 932 Love, Courtship and Marriage. Discussion outlines, N. W. Edson. 15¢
- 982 Marriage and Morals, Henry Neumann

#### *Legal and Protective Measures*

- A-31 Outline for a Talk on Social Hygiene Legal and Protective Measures, 5¢
- A-281 Community Safeguards in Protection of Youth, E. M. Gane
- A-285 New Laws to Protect Marriage and Babies, B. Johnson
- A-303 The Case Against Prostitution. 5¢

#### *Youth and the Community*

- 959 Case of Youth vs. Society, W. D. Towner
- A-201 A Study of Syphilis in American Colleges, Tumbleson and Ennes
- A-202 Youth Fights Syphilis in a City Health District, Margaret Cummings
- A-361 Getting Started on a Youth Social Hygiene Program

*National Defense*

- A-298 Syphilis, Gonorrhoea and the National Defense Program, W. Clarke
- A-305 So Long Boys—Take Care of Yourselves—  
for young men joining the armed forces
- A-341 Vital to National Defense—  
for industrial workers
- A-316 American Communities Face a New Challenge, Thomas A. Storey
- A-319 A Church Program for Defense Areas, L. Foster Wood
- A-324 A Memorandum to Y.W.C.A. Workers, Janet Nelson
- A-347 Some National Defense Problems of Universities and Colleges, Storey
- For additional pamphlets ask for free folder A-360.*

**Books***Special Offer to Youth Groups*

- Shadow on the Land—Syphilis.** Thomas Parran. Educational Edition, 75 cents postpaid. (Usually \$1.00)
- The Way Life Begins.** Bertha C. and Vernon M. Cady. Plant, animal and human reproduction. Nine colored plates. 50 cents postpaid.
- Sex Education.** M. A. Bigelow. A standard work for 20 years. 75 cents postpaid. (Usually \$1.00)
- For further book suggestions ask for free folder A-344.*

**Posters and Exhibits**

- Social Hygiene and National Defense.** Set of 8 charts and posters illustrating the problem of venereal diseases in times of national emergency, and a plan of action for protecting soldiers, sailors and defense workers from syphilis and gonorrhoea. *Wall size, black and white \$1.00 per set. Miniature, 8½ x 11 inches, 10 cents a set, 80 cents a dozen sets, \$5.00 per 100 sets.*
- Three Charts:** A. Syphilis and the Unborn. B. Syphilis the Enemy of Youth. C. Syphilis and Gonorrhoea Lead Among Communicable Diseases. *Size 17 x 22 inches, black and white, unmounted, 50 cents per set, postpaid. Mounted, \$1.50 per set, postpaid. Miniature size, 8½ x 11, 5c per set, 50c per dozen sets, \$2.50 per hundred sets, plus postage.*
- Anatomical outline charts—male and female genital organs.** From authentic drawings by R. L. Dickinson, M.D. *Black and white, 17 x 22 inches. 50 cents each, postpaid. Miniature 20 cents a dozen.*

**Placards**

- Sample copies free, \$1.00 per dozen, postpaid, \$5.00 per hundred, plus carriage.*
- The Youth of a Nation are the Trustees of Posterity.**
- Our Family are Having their Blood Tests like Thousands of Others.** (Negro)
- Before You Marry—Give a Thought to Your Health.**
- You Can Have a Healthy Baby—**for expectant mothers.
- Ask for our free folder, Social Hygiene Exhibits, Pub. No. A-289.*

**Films**

- In Defense of the Nation.** How Civilians and Their Communities Can Help to Protect Soldiers, Sailors and Defense Workers from Syphilis and Gonorrhoea. A new one-reel talking motion picture film. *Price: 35 mm., \$75; 16 mm., \$50. Rental \$5 per day.*
- With These Weapons.—**The story of syphilis. A one-reel talking motion picture film. *Price: 35 mm., \$75; 16 mm., \$50. Rental \$5 per day.*
- Plain Facts.** A film on syphilis and gonorrhoea, particularly for industrial groups. *Price: 35 mm., \$75; 16 mm., \$50.*
- In preparation.** A film on gonorrhoea (for the lay public).
- For All Our Sakes.** Talking slide film sponsored by the United States Public Health Service, the General Federation of Women's Clubs and the A.S.H.A. A series of 170 pictures, synchronized with a double-faced phonograph record, to acquaint the public with the facts concerning syphilis and the campaign against this disease. *Price \$10.00. Rental \$3.00 per day.*
- Enemy of Youth.** Syphilis from the youth angle, and what the community should do about it. *Price \$10.00. Rental \$3.00 per day.*
- (Transportation charges extra on all film sales and rentals.)*

*For synopses, prices and other details concerning the Association's six silent films, ask for free folder, Social Hygiene Motion Pictures, Pub. A-284.*

## ANNOUNCEMENTS

**Last Month.**—*Number III* in the *Social Hygiene and National Defense* series, concerning *An Industrial Program*, was immediately useful. . . . Reprints of Dr. Clarke's article, *Syphilis, Gonorrhoea and National Defense Industries* (A-342) and a bibliography of *Publications, Films and Exhibits on Social Hygiene and National Defense* (A-357), are free. . . . *The whole number 35 cents, postpaid.*

**This Month.**—Several reprints useful to youth and youth leaders will come from this *Number IV* in the *Social Hygiene and National Defense* series. . . . Dr. Storey's outline of *Some National Defense Problems of Universities and Colleges* (A-347) has been preprinted. . . . The new edition of *Getting Started on a Youth Social Hygiene Program* and the list of *Social Hygiene Aids* (page 266) will be available, and others of the main articles. *35 cents for the issue.*

**Don't forget.**—That the four issues of the JOURNAL dealing with *Social Hygiene and National Defense* (see page 253) make a handy kit of information and source material. *The set of four sent postpaid for \$1.00.*

**Next Month.**—The June JOURNAL will be the *Ninth Annual Library Number*, and in addition to the usual extended book review section, will carry the most recent study on prevalence of syphilis in the general population, *How Many People Have Syphilis?* by Walter Clarke, Marie DiMario and Mary S. Edwards . . . and an up-to-date *New Laws to Protect Marriage and Babies*, which will include results from the 1941 state legislative sessions. . . . The *Social Hygiene Bookshelf for 1941*, will also appear. . . . *Order now . . . 35 cents.*

**What Has Social Hygiene Day Accomplished?**—A good deal, according to Jean B. Pinney, who reviews five years' observance in *Social Hygiene Day—A Year-Round Project in Health Education*. Available in attractive folder form (A-326), with many illustrations, this report not only summarizes progress, but provides a fund of ideas for your own public educational efforts.

**Plain Facts.**—This one-reel talking film about syphilis and gonorrhoea, designed especially for industrial workers, is good

for young and old, lay and professional people. The price is \$75 for 35 mm. and \$50 for 16 mm., transportation extra. *Orders for prints for review must be received well in advance of your preview date, since the supply for this purpose will be limited. Prints available in July.*

**Defense Exhibit.**—*Social Hygiene and National Defense*. Eight posters showing how syphilis and gonorrhoea threaten our armed forces, industrial workers and young people, and how these dangers can be combated. . . . Send for free circular, *Pub. No. A-362. Wall size per set unmounted, \$1.00; per set mounted, \$3.00. 8½" x 11", 10 cents per set, 80 cents per dozen sets.*

**To Combat Prostitution.**—With everyone agreeing on the necessity of wholesome recreation for Selective Service trainees and young industrial workers, as evidenced by the efforts of many local groups and the United Service Organizations, social hygienists are still finding it necessary to convince their fellow-citizens of the need for repressing prostitution. Some pamphlets you will find useful in this educational effort are *The Case Against Prostitution* (*Pub. No. A-303, \$2.50 per 100, \$15.00 per 1,000*), *Why Let It Burn?* (*Pub. No. A-304, 80c a dozen, \$5.00 per 100, \$25.00 per 1,000*) and *Vice Repressive Laws* (*Pub. No. A-326, \$1.00 per 100*).

**New Publications.**—The new edition of Dr. Snow's *Special Pamphlet Series, Health for Man and Boy* (A-327), *Women and Their Health* (A-328) and *Marriage and Parenthood* (A-329) is now ready for distribution. . . . Revised text, covers in color with attractive photographic illustrations, the price is 25 cents for the set of three 16-page pamphlets. . . . *In quantity, the post-printing price is \$60 the thousand sets.* . . . Orders for more than 10,000 sets were received in response to the special "advance of printing" prices offered.

**"In Defense of the Nation."**—Two new free folders describe this new talking motion picture film. . . . A-335 is an illustrated six-page leaflet giving the high-lights of the film, how to secure it, and other details. . . . A-334 is the narrative text of the film, also with illustrations. . . . *The latter is available without charge in reasonable quantities to purchasers of the film, for audience distribution.*

# Journal of Social Hygiene

Ninth Annual Library Number

## CONTENTS

How Many People Have Syphilis? A brief report on prevalence in the United States.....	Charles Walter Clarke, Marie Di Mario, Mary S. Edwards.....	269
More New Laws to Guard Family Health.....	W. George Gould.....	277
Stop Venereal Disease Sabotage.—Speech of Hon. John M. Houston.....		280
Book Reviews:		
Books of General Interest.....		283
Books on Sex Education, Marriage and Family Relations.....		286
Books on Legal and Protective Measures.....		293
Books on Public Health and Medical Measures.....		294
The Social Hygiene Bookshelf for 1941.....		301
A Classified List of Social Hygiene Pamphlets.....		305
Special Reference Lists.....		308
The Journal of Social Hygiene as Permanent Reference Material.....		309
In and Out of the Newspapers.....		311
Publications Received.....		313
Announcements.....		315

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM  
EDWARD L. KEYES

WILLIAM F. SNOW  
JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*  
WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.  
BERTHA M. SHAFER, M.D., *Field Consultant*

SOUTHERN STATES DIVISION: New Orleans, La.

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.  
W. FORD HIGBY, *Field Consultant*

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311  
MRS. GERTRUDE R. LUCE, *Field Secretary*



# Journal of Social Hygiene

VOL. 27

JUNE, 1941

NO. 6

## Ninth Annual Library Number

### HOW MANY PEOPLE HAVE SYPHILIS?

*A Brief Report on Prevalence of Syphilis in the United States\**

CHARLES WALTER CLARKE, M.A., M.D., F.A.C.P.  
*Executive Director, American Social Hygiene Association*

MARIE DI MARIO, M.A.  
*Statistical Consultant, American Social Hygiene Association*

MARY S. EDWARDS, M.A.  
*Formerly Statistician, American Social Hygiene Association*

Some dissension has recently arisen concerning the accuracy of estimates of the prevalence of syphilis in the United States. Many widely differing estimates have been issued, but these differences may be attributed largely to variations in interpretations of figures. *First*, there has been confusion in employing terms commonly used in discussing the prevalence of syphilis. *Second*, the error is frequently made of attributing to the whole population a rate of prevalence based on a small and unrepresentative portion of the population. *Third*, a clear statement of the criteria used to indicate the presence of syphilitic infection is sometimes lacking.

There are several other points which surveys of this kind often neglect. An attempt will be made in this paper to clarify these points and to interpret most recent findings accordingly.

\* *Acknowledgment is made to the late Miss Jessamine Whitney of the National Tuberculosis Association, Dr. William A. Brumfield, Director, Bureau of Syphilis Control of the New York State Department of Health, and Dr. Theodore Rosenthal, Director, Bureau of Social Hygiene, New York City Department of Health, for assistance in reviewing this material and comment on the conclusions.*

*Basic Definitions*

Before proceeding with the discussion, we shall define and explain the key terms used in establishing an index to the prevalence of syphilis.

1. The "*prevalence of syphilis*" means the number of persons who are infected with syphilis in any stage at any specified instant of time.
2. The "*rate of prevalence*" or the "*prevalence rate*" of syphilis means the number of persons per 100 population (usually) who are infected with syphilis in any stage at any specified instant of time.
3. The "*incidence of syphilis*" means the number of persons who newly acquire syphilis within a specified period of time.
4. The "*rate of incidence*" or the "*incidence rate*" of syphilis means the number of persons per 100 population (usually) who newly acquire syphilis within a specified period of time.

In connection with these four definitions, it should be pointed out that many of the variations in estimates of the extent of syphilis arise from the different meanings attached to these words. The "*prevalence*" of syphilis, as explained here, is meant to include all existing infections whether or not they are under treatment; the term "*prevalence*" has been mistakenly used to include only cases reported as being under treatment. Of course, this use of the term results in an understatement of the problem.

Some confusion also develops in the use of the expression "*incidence*" of syphilis. Although this paper will deal only with the question of prevalence, it is desirable to establish a clear meaning for the word "*incidence*" since it is a closely allied subject. The incidence of syphilis cannot be correctly measured from reports of newly discovered cases, even supposing that such reporting is quite complete, because these newly found cases include both new and old infections. If it is desired to learn the rate of newly acquired infections, only early cases of syphilis should be included in referring to "*incidence*." The difficulty here lies in attempting to determine all new cases since only a fraction of them is usually reported. Another complication arises from duplication in reporting cases, particularly when reports of positive serologic tests are used in lieu of case reports, since tests are often repeated during the process of treatment.

This section does not by any means exhaust the question of definitions, but it seems desirable to explain terms as they arise in connection with the text. Using the words whose meanings in relationship to this discussion have been established, our problem may now be stated: "What is the prevalence of syphilis in the United States?" In the light of the preceding discussion, this question may be stated in its

longer form as: "How many persons in the United States have syphilis in any stage?"

### *Estimating Prevalence*

It would be naïve to expect to arrive at an exact answer to the above question, but if we did, we should be in possession of a valuable fact known as the *true* prevalence of syphilis. The only way in which we could determine the true prevalence of syphilis would be to have every inhabitant in the country examined for syphilis at a given instant of time. That examination would have to be of such a thorough nature that it would not admit of the usual margin of error made by a certain lack of "specificity" and "sensitivity" in the usual methods of serologic testing for syphilis and variations in accuracy of physicians in clinical examination and diagnosis. There is no need to dwell on the impracticability of any plan of this kind.

Since the determination of the true prevalence of syphilis cannot be achieved, it is necessary that we try to arrive at the best estimate of prevalence with the facilities at our disposal. First, it is obviously necessary to limit ourselves to examinations performed on a relatively small section of the population. Results obtained in this fashion will give us a more correct estimate of prevalence in proportion to the care expended in properly selecting such a section.

*First*, the population of the United States may be divided into certain groups according to sex, age, color, and economic status. There are many important subdivisions, but these are the most significant in connection with syphilis. Any sample of the population upon which we base our estimates should be divided in the same proportions, with respect to these factors, as the entire population. However, here again there are difficulties. There is some information regarding economic status for the entire population, but practically none for surveyed groups. Age groupings present difficulties as well. In fact, for the practical purpose of estimating the prevalence of syphilis, we find that the only factors which can be taken into account are sex, color, and age in a general way. We cannot declare in advance that we will accept for examination a certain specified portion of the population, divided according to sex and color in the same ratios as the entire population, but we can determine a weighted average according to these ratios. Later in this paper, where our findings are considered, the numerical process of determining this weighted average will be reviewed.

*Secondly*, groups will be taken as part of the sample only where examinations for syphilis have been routinely performed. Examinations are said to be "routinely" performed if they are given to all persons within a specified group; no selection should be made on the basis of suspicion of syphilitic infection. For example, blood tests administered to persons applying for marriage licenses are "routinely" performed because it is a requirement applied to this entire group of the population without further selection. On the other hand, blood tests given to persons applying for diagnostic

service at a syphilis clinic are not "routinely" performed since, in general, suspicion of infection is the motive for application for such service. Unfortunately, this division of tests into "routine" and "non-routine" classifications is not always so clear cut. For example, if a private physician performs a blood test on all his patients, from his point of view, he is routinely performing a serologic test for syphilis; but from the point of view of this study, reasonable doubt about the routine nature of this performance could arise since illness of some kind led these patients to seek a doctor's advice. That there is a slight element of selection upon the basis of illness cannot be denied; but, since most persons seek a doctor's care many times during their lives, the part of the population which most doctors encounter in their daily work cannot be said to have been chosen on the basis of suspicion of syphilis. This reasoning is extended to include even detention homes since the basis for examination is only admission to the detention home and not suspicion of syphilitic infection. Where a series of serologic examinations for syphilis has been performed without regard to suspected syphilitic infection, this series is accepted as having been "routinely" performed, for the purposes of this study.

A common fallacy that arises in this connection is that the prevalence of syphilis in a single group of persons is sometimes used to indicate the prevalence in the entire population. For instance, premarital blood tests performed in New York State during the last half of 1939 indicated that 1.5 per 100 *applicants for marriage licenses* were infected. The only interpretation that can be made of that figure is that it represents the minimum prevalence rate among applicants for marriage licenses in New York State. Certainly it is erroneous to conclude from these findings that the prevalence rate for the entire population of New York State is 1.5 per 100 population. Just as extreme in the opposite direction would be the application of a rate of 35 per 100, based on diagnostic tests performed in a detention home, to the entire population in the same state.

*Thirdly*, it is obviously impossible to examine groups of persons from all over the country at a given instant of time. It is therefore necessary to select a period of time, and to refer the resulting prevalence rate to that period of time.

*Fourthly*, in studies of this kind it is usually necessary to accept the results of serologic tests for syphilis in lieu of more complete examinations. This naturally leads to some error created by "false positive" and "false negative" reactions which in general are not compensating errors, since "false negatives" greatly outnumber "false positives." The effect of such error is therefore toward underestimation of the prevalence rate. Also, there is little agreement in the degree of positivity acceptable as indicative of existing infection. In this study, we have, in general, accepted the decision of the reporting authority with regard to this question, but it should be borne in mind that this variation exists. The error is augmented by the fact that several kinds of blood tests are given although this contribution to the error is undoubtedly small.

To recapitulate this section briefly, there are four important points to be considered in estimating the prevalence of syphilis:

1. The population sample should be divided into the same sex and color ratios as the entire population.
2. All examinations included in the survey should be routinely performed.
3. A suitable period of time should be selected during which examinations included in the survey should be performed.
4. Serologic tests used as a criterion for determining the presence of syphilis involve a certain amount of error in the direction of underestimation.

#### *Nature of Sample Used in This Study*

Since there is no central agency to which serologic surveys for syphilis are reportable, we have been dependent to a large extent on references to such surveys in newspapers and periodicals of all descriptions. An excellent starting-point for the collection of the data included in this study was the investigation of these news releases. Letters were written to the medical sources of information noted in such articles inquiring about the routine nature of giving tests, the kind of test used, the degree of positivity accepted as being probably indicative of syphilis, and the sex and color distribution of the persons examined. As we shall presently see, these questions were often only sketchily answered since records including these details were not always made.

Letters were also written to State and local health authorities where there was reason to believe that information of interest to this study was available. Also, the files of the American Social Hygiene Association gathered over a period of 20 years yielded much information of interest.

In the preliminary selection and compilation of this material, reports of serologic tests on a total of more than 4,000,000 individuals were included. However, each group study reported was carefully reviewed from several points of view, and it was found that many of these tests were not performed according to our requirements for inclusion in this study. Only tests made during the years 1935 through 1940 were used although many earlier studies were submitted. A careful analysis was then made of all the individual studies to determine whether they had been routinely performed. In many cases, the answer to this question was self-evident, but at times a subjective judgment had to be made. For instance, if reports of blood tests were submitted by a state laboratory, it was assumed that such tests were not routinely performed unless it was specified that they included only prenatal or premarital groups, or some other unselected section of the population routinely examined. In general, state laboratories include in their reports all serologic tests performed in syphilis diagnostic clinics and made upon some suspicion of the presence of syphilitic infection and there is much duplication of cases. All such studies, where reasonable doubt existed concerning them, were then dropped from our survey.

*Total Number of Cases Included in Study*

After elimination on the basis of time limit and on the routine nature of performing blood tests, a total of 1,897,599 cases remained for the years 1935-1940. Of this number, 61,403 were reported to be positive. This yields a prevalence rate of 3.24%. Caution should be exercised in accepting this figure as being generally indicative of the prevalence of syphilis in the entire population. Further consideration will be given to other influencing factors.

*Sex and Color Distribution*

It was not possible to obtain information regarding sex and color for all reported studies, but where this information was available, it was used to calculate weighted averages which are in several respects more acceptable than the total prevalence rate of 3.24%, cited in the preceding section.

We show in *Table I* below the data we have been able to secure regarding sex and color.

TABLE I  
PREVALENCE OF SYPHILIS IN SAMPLE STUDIED BY SEX AND COLOR—1935-1940

	<i>Numbers Examined</i>	<i>Numbers Positive</i>	<i>Per Cent Positive</i>
1. <i>Total</i> .....	1,897,599	61,403	3.24
2. <i>Male</i> .....	458,878	15,060	3.28
3. <i>Female</i> .....	613,707	14,996	2.44
4. <i>White</i> .....	694,890	10,051	1.45
5. <i>Colored</i> .....	110,823	16,687	15.06

It should be noted that the subdivisions do not total up to the figures given in line 1. The prevalence rates for male and female differ more widely than would be expected; more detailed information including the age and color distributions *within* the sex groups would probably explain this difference, but this information is not available. Some doubt may reasonably be cast on the figure obtained for the colored group since for this purpose the number of colored persons examined is small. However, bearing in mind that there is a margin of error inherent in these data which no amount of statistical treatment can eliminate, we shall use these figures to obtain weighted averages of prevalence rates.

According to the 1940 census, whose sex and color distribution may be used for the period 1935-1940 with very little error, the population of the United States is distributed as follows by color and sex:

TABLE II  
SEX AND COLOR DISTRIBUTION OF POPULATION OF UNITED STATES—1940

	<i>Number</i>	<i>Per Cent</i>
<i>Male</i> .....	66,150,644	50.24
<i>Female</i> .....	65,518,631	49.76
<i>White</i> .....	115,394,953	87.64
<i>Colored</i> .....	16,274,322	12.36

Combining the information in *Tables I* and *II*, we find the prevalence rate for syphilis first by giving the rates for sex groups the "weight" each sex group has in the entire population.

TABLE III  
RATES WEIGHTED BY SEX

	Rate	Total Per Cent in Population	Product 1 x 2
	1	2	3
Male .....	3.28	50.24	1.648
Female .....	2.44	49.76	1.214
			2.862

The sum of the figures in column 3 yields a prevalence rate of 2.86%.

A similar manipulation can be performed according to color groupings:

TABLE IV  
RATES WEIGHTED BY COLOR

	Rate	Total Per Cent in Population	Product 1 x 2
	1	2	3
White .....	1.45	87.64	1.271
Colored .....	15.06	12.36	1.861
			3.132

The sum of the figures in column 3 yields a prevalence rate of 3.13%.

We have now established three prevalence rates for syphilis as follows:

Crude Rate .....	3.24%
Rate weighted by sex .....	2.86%
Rate weighted by color .....	3.13%

If there were no flaws in the method of sampling, these three rates should have been nearly equal. However, if we neglect the decimal places, it will be observed that each of these estimates reduces to 3%. Hence, for all practical purposes, we may establish the conclusion that from the material included in this study, and according to the method of analysis which we have outlined, the prevalence of syphilis in the United States is 3 per 100 population for the period 1935-1940. This conclusion might be amended to read 3% for the adult population since it is unlikely that the youngest third of the population is represented here at all. If that group were included the rate would probably be lower than 3%.

There are further facts of interest incidental to this study which may be briefly treated.

#### *Rates by Source*

It always seems to be of interest to determine prevalence rates for syphilis according to population groups which may be referred to as

“occupational” groups for want of a better term. Here again, only the most general observations can be made since figures for individual groups are too small or not sufficiently representative of their whole number to yield valid results.

TABLE V

<i>Kind of Group</i>	<i>Number Examined</i>	<i>Number Positive</i>	<i>Per Cent Positive</i>
Applicants for marriage licenses.....	741,088	10,168	1.37
Expectant mothers .....	282,667	4,791	1.69
Hospital patients .....	299,345	16,715	5.58
Relief groups.....	22,937	2,101	9.16
Industrial employes.....	183,718	9,974	5.43
Domestic servants.....	37,185	4,350	11.70
Foodhandlers .....	37,647	1,862	4.95
Barbers and beauticians.....	5,066	291	5.74
Blood donors.....	4,686	80	1.71
Midwives. . . . .	475	25	5.26
Jail inmates .....	12,001	2,370	19.75
Private patients.....	155,497	4,751	3.06
Enlisted men.....	7,336	126	1.72
Life insurance applicants.....	4,287	43	1.00
Students. . . . .	10,185	38	.37
Miscellaneous voluntary examinations..	93,479	3,718	3.98
<i>Total</i> .....	1,897,599	61,403	3.24

A lengthy consideration of this material is entirely outside the scope of the present study, but this table suggests that an investigation of the prevalence of syphilis by economic groups or occupational groups might be of great interest. Caution has already been urged with regard to citing rates for particular groups. It may be added that when rates are particularly low, as they are for the premarital, prenatal, and student groups, it may usually be observed that the probable average age of such groups is low. A greater accumulation of syphilis in all its stages will naturally be found in older age groups.

### *Conclusion*

From the data presented in this study, it appears that the average prevalence rate for syphilis for the adult population was 3% for the years 1935-1940. It should be borne in mind that this rate is a general rate, based on a nation-wide sample, and not applicable to any one region.

It seems to be desirable to collect material of this nature systematically so that some trend may be established and so that the extent of the prevalence of syphilis may be determined for occupational, age, and color groups.



# MORE NEW LAWS TO GUARD FAMILY HEALTH

## *A Summary of State Legislation for Premarital and Prenatal Examinations against Syphilis\**

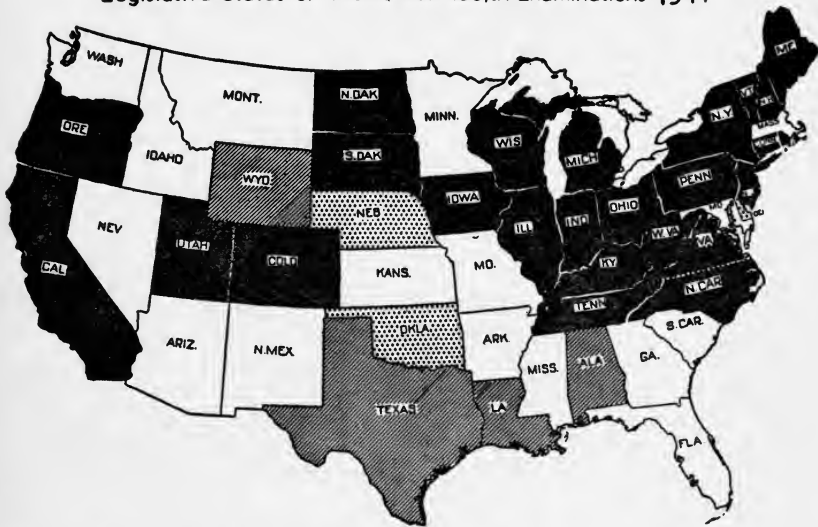
W. GEORGE GOULD




*Legal Consultant, American Social Hygiene Association*

Popular enthusiasm continues for premarital and prenatal examination laws as effective means of protecting home and family life from the menace of syphilis. Since 1935, when the first legislation of this type was adopted in Connecticut, 31 states have passed either premarital or prenatal examination laws, or both, setting an amazing record for law-making speed and activity.

The states which now have such laws are shown on the map below.

### PROTECTING MARRIAGE FROM SYPHILIS Legislative Status of Premarital Health Examinations 1941



- 25 states  Require examination by physician of both bride and groom, including blood test for syphilis
- 4 states  Require examination by physician of groom only, for freedom from venereal diseases
- 3 states  Prohibit marriage of persons with venereal diseases; some require personal affidavit of freedom from venereal diseases, no examination specified

*Map by*  
The American Social Hygiene Association  
June, 1941

\* A more comprehensive statement, summarizing the history, requirements, and to some extent the workings and results of these laws is in preparation for later publication in the *JOURNAL OF SOCIAL HYGIENE*.

### Protecting Marriage

During the current legislative year five states passed laws to encourage syphilis-free marriages. They are: Iowa, Maine, Ohio, Utah and Vermont. This means that twenty-five states now require the prospective bride and groom to submit, before issuance of the marriage license, to examinations including a blood test for detection of syphilis. Seven other states have laws which require either a physician's certificate for the male only for freedom from venereal disease, or prohibit marriage of persons with venereal disease, or require a personal affidavit of freedom from syphilis.

A number of state legislatures introduced premarital examination bills which were not enacted into law, some bills are still pending as this is written, and in other states similar legislation is already under consideration for the next legislative year.

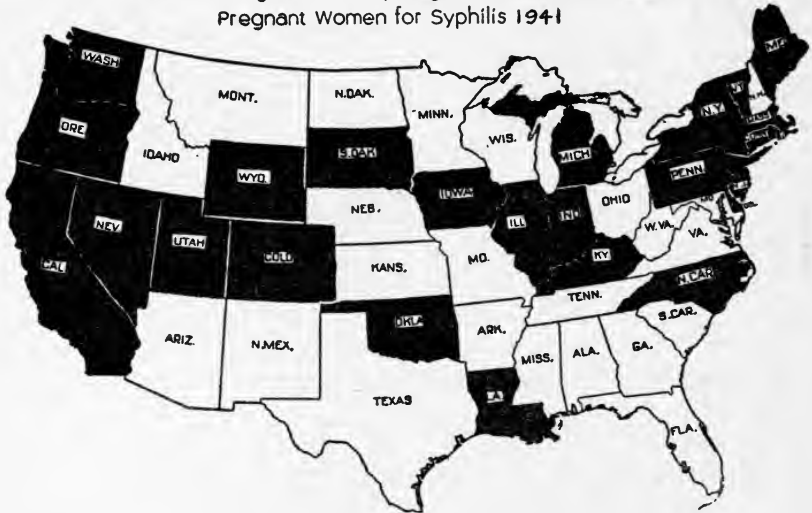
While it is still early to gauge definite results from the workings of these laws, physicians and health authorities report that by means of the premarital blood test many syphilis infections are being discovered among persons who did not know they had this disease.

The purpose of premarital legislation is not to prevent marriage of infected persons, but merely to postpone marriage while the disease is in a communicable or potentially communicable stage.

The map entitled *Protecting Babies from Syphilis*, shows the states now having prenatal examination laws.

#### PROTECTING BABIES FROM SYPHILIS

Status of Legislation Requiring Physicians to Examine Pregnant Women for Syphilis 1941



Twenty-five states now have such laws.

Map by  
The American Social Hygiene  
Association  
June, 1941

### *Protecting Babies*

Twenty-five states now seek to protect the health of babies by requiring that physicians include a serological test for syphilis as a part of the examination of every pregnant woman. Six of these states, Connecticut, Nevada, Oregon, Utah, Vermont and Wyoming, passed laws to this effect during the 1941 legislative year. In some states legislation of this type is still pending. Similar bills are being prepared in other states for consideration in 1942.

Under this type of law physicians and midwives are required to see that blood tests are secured on pregnant women who seek prenatal care. Medical records show that if a syphilitic condition is discovered early in pregnancy and adequate treatment is given, the baby has a 95 per cent chance to be born free from syphilis.

---

Health officers in states where premarital and prenatal laws are in operation are finding such legislation a useful aid in the campaign against syphilis; and the popularity and general acceptance of such laws, once their purpose is understood, make enforcement easy and effective.

---

#### **"The United States Is Winning Its War Against Venereal Disease."**

"Surgeon General Thomas Parran said today that 63,000 of the first million men examined for the new United States Army were infected, but that preliminary figures indicated there was only one-seventh as much serious clinical syphilis and about one-third as much gonorrhea in the nation as in 1917.

"Nation-wide control of venereal disease and years of public education have decreased materially the prevalence of these diseases, the Surgeon General said. Only fifteen men in every ten thousand examined between November and April had clinical syphilis, as compared with 105 out of every 10,000 in the last war, and only 150 in 10,000 had gonorrhea, as compared with 430 in 1917. . . .

*New York Times*

Thursday, June 26, 1941.

## STOP VENEREAL-DISEASE SABOTAGE

### *A Progress Report on the Results of Federal Aid to the States in the Campaign against Venereal Disease*

---

Speech of  
HON. JOHN M. HOUSTON  
*of Kansas*  
In the House of Representatives

---

*April 3, 1941 \**

---

Mr. Chairman, we have been doing a lot of thinking lately about sabotage. I should like to recount some facts about the success which has been had in a fight against certain types of saboteurs in this country during the past 4 years. I am talking about the national program for the control of venereal diseases—a subject on which I have reported to you in previous years. Syphilis and gonorrhoea, gentlemen, are saboteurs of our manpower.

In the spring of 1938 Congress enacted the Venereal Disease Control Act. What have we accomplished as a result? I have secured figures on the status of the problem in the first 6 months of 1939 and contrasted it with the situation during the first 6 months of this fiscal year.

#### *Progress against Syphilis*

Since 1939 there has been a 178-per cent increase in the number of blood tests made for the detection of syphilis, the number of tests increasing from 2,300,000 in the first 6 months of fiscal 1939 to 6,500,000 during the same period of 1941. Meanwhile there has been a 62-per cent increase in the number of doses of drugs distributed by State health departments to physicians and clinics for the treatment of syphilis.

In addition to the increasing number of patients being treated by private physicians through the stimulus of the control program, clinic records show that there has been a 75-per cent increase in the effectiveness of case-holding activities of clinics. The number of persons actually under treatment for syphilis has increased from 210,000 to 368,000, despite the fact that the number of new admissions has remained constant. This situation is particularly healthy in the light of the previous tendency of persons under treatment to lapse before the maximum benefits from therapy were obtained.

Meanwhile, the extension of facilities for the treatment of syphilis through the country is demonstrated in a 34-per cent increase in the number of clinics treating venereal diseases. Where there were only

\* Reprinted from the *Congressional Record*.

2,300 preceding passage of the Venereal Disease Control Act, there are now 3,100. The increased laboratory facilities have proved particularly valuable in providing routine blood tests for all selectees. True, this unprecedented uncovering of syphilis in a limited period of time has tended to overcrowd existing treatment facilities. But if the opportunity for early treatment of infected persons which arises as a result of mass blood-testing program as a part of the physical examination can be pursued to a cure for these infected young men it will represent a major victory in control.

### *Syphilis and the Draft*

I am told that to date approximately 1,000,000 selectees have had a blood test for syphilis. Although only preliminary data are available it appears that some 50,000 of these tests were positive for syphilis.

### *Advances against Gonorrhea*

When I stood before you in 1938, the outlook for gonorrhea control was very dark. Today there has been a dramatic upturn in the prospects of controlling this disease. This new hope came with the advent of the sulfonamide compounds. I understand that treatment with these drugs is enabling the general practitioner to tackle this problem in his own community. The use of these drugs means that less time is required for treatment, the cost of treatment has been decreased, less time will be lost from work, and, what is more important, cures can be accomplished in practically all cases regardless of the duration of infection. All of this means that, if we push the control of gonorrhea at this time, the community and the individual can be promised a great saving in both time and money.

I have at my disposal a few facts on gonorrhea paralleling those which I have given you for syphilis.

The records from State health departments show that there has been a marked rise in efforts to find people with gonorrhea. There has been a 92-percent increase in the number of tests performed for the detection of this disease. In the first 6 months of 1939, 300,000 tests were performed. The number rose to almost 600,000 in the same period of 1941.

Because of this improvement in treatment methods and increase in detection efforts, a larger number of persons with this disease have been treated with existing medical facilities over a shorter period of time.

In short, research in the newer methods of treating gonorrhea is being translated into immediate action. Physicians in private practice, as well as those in public clinics, are being aided by Federal grants to States. These grants enable State health departments not only to make tests for gonorrhea but also to distribute these drugs to all treatment sources.

In 6 months of the fiscal year 1939 one and three-fourths million tablets of these new drugs were distributed. In the corresponding period of 1941 the number rose to 3,700,000 tablets.

Now, for the first time, we are moving in an organized way against gonorrhoea, but we are still in the stage of tooling up machinery to control this disease and must continue this effort if we are going to capitalize on these early achievements.

Research in medical science and public health methods has now opened the way not only for the effective control of syphilis but of gonorrhoea. We know what to do, but we still are not doing it—I mean—with sufficient force to stop the sabotage of syphilis and gonorrhoea. The job is well begun. The continuation of this work is vital, not only to protect the civilian population but also to protect military manpower. [Applause.]

I leave you with this information for your consideration. I may have occasion to extend these remarks in more complete form at a future time.

---

#### **The Nation Moves to Prohibit Prostitution in the Vicinity of Army and Naval Camps**

On July 11, President Roosevelt put his signature to the *May Act, H. R. 2475*, recently passed by both houses of the United States Congress. The new law gives Army and Navy authorities power to prohibit prostitution in such areas near Army and Naval camps as may be considered necessary for the welfare of the armed forces.

## BOOK REVIEWS

### Books of General Interest

PAPERS ON SOCIAL HYGIENE. Read at the Regional Conference on Social Hygiene in New York, February 7, 1940. New York, New York Tuberculosis and Health Association, 1940.

PAPERS ON SOCIAL HYGIENE. Read at the Regional Conference on Social Hygiene in New York, February 5, 1941. New York, New York Tuberculosis and Health Association, 1941.

(Requests for copies should be made to Dr. J. A. Goldberg, New York Tuberculosis and Health Association, 386 Fourth Avenue, New York, N. Y. Copies are \$1.00 each.)

Social hygiene workers will be grateful for these two most recent volumes of papers read at the annual New York Regional Conferences on Social Hygiene. Twenty-seven well-known speakers have contributed to the 1941 collection, with topics as follows:

*The Criteria for the Diagnosis of Syphilis*, Dr. Lewis B. Robinson; *Prophylaxis of Venereal Disease*, Dr. C. C. Pierce; *Community Policy for Treatment of Venereal Disease in the Small Town and Rural Area*, Dr. Haven Emerson; *Medical Staff Responsibilities in Venereal Disease Clinics*, Dr. Theodore Rosenthal and Dr. William A. Brumfield, Jr.; *The Nurse's Responsibility in the Venereal Disease Clinic*, Elsie Palmer; *The Social Worker's Rôle in the Venereal Disease Clinic*, Eleanor Barnes; *Preparation of Physicians*, Dr. Howard Fox; *Staff Education in Social Hygiene*, Amelia H. Grant and Mary Ellen Manley; *Education of Medical Social Workers in Social Hygiene*, M. Antoinette Cannon; *Social Hygiene and National Defense*, Colonel Frank W. Weed; *The Navy and Social Hygiene in National Defense*, Captain Ernest W. Brown; *Sulfanilamide and Allied Drugs in the Treatment of Gonorrhœa*, Dr. Clarence G. Bandler; *Chemotherapy in Gonococcal Infection*, J. F. Mahoney and C. J. Van Slyke; *Premarital Guidance*, Dr. A. A. Brill; *Premarital Guidance on Economic Aspects of Family Life*, Jessie V. Coles; *The Legal Aspects of Premarital Advice*, Hon. Lawrence B. Dunham; *The Pattern of Crime*, W. P. Beazell; *Prostitution—An Important Aspect of Delinquency*, Hon. Anna M. Kross; *Salacious Literature as a Factor in Delinquency*, John S. Sumner; *Housing as a Factor in Delinquency*, Lester B. Granger; *Some Important Aspects of Delinquency*, Patrick J. Shelly; *Personality Development of Youth—A Bulwark in Sex Adjustment*, Dr. Margaret Mead; *Personality Factors in Adequate Sex Adjustment in Adolescence*, Dr. Leon H. Cornwall; *Personality Development of Youth—A Bulwark in Sex Adjustment*, Dr. Elias Lieberman; *Personality Problems among Evening College Students*, Prof. Robert A. Love.

In the 1940 volume, 20 speakers are represented, with topics as follows:

*Social Hygiene and the Law—Results of Premarital and Prenatal Laws in New York State*, Thomas J. Duffield; *Clinical Implication of Laws to Control Syphilis*, Dr. William E. Studdiford; *Importance of Adequate Control of Serological Laboratories*, Dr. Frederic E. Sondern; *Food and Drug Law As It Relates to the Public Health*, W. R. M. Wharton; *Organization and Administration of Syphilis Clinics*, Dr. Evan W. Thomas; *Organization and Administration of*

*Veneral Disease Clinics—Standards for Nursing*, Margaret E. Conrad; *The Function and Organization of a Syphilis Clinic in a Voluntary Hospital*, Claire Holtzer; *Medical Organization of Venereal Disease Clinics at Harlem Hospital*, Dr. Ferdinand Piazza; *The Problem of Integrating Social Hygiene into the Agency Health Program*, Mrs. Helen Leighty; *Social Hygiene Problems of Welfare Agencies—Mental Hygiene Aspects*, Dr. Lawson G. Lowrey; *Progress of Social Hygiene in 1939*, Dr. W. Bayard Long; *An American Health Program*, Dr. Nathan B. Van Etten; *Youth and Society*, Dr. Harry Woodburn Chase; *The Newer Drugs in the Treatment of Gonorrhoea in the Female*, Dr. Emily D. Barringer; *New Drug Therapy in Vaginitis*, Dr. Reuel A. Benson; *The Newer Treatment of Gonorrhoea of the Eyes*, Dr. Murray A. Last; *Advising Youth on Marriage*, Dr. Valeria H. Parker; *Psychiatry in Guidance for Marriage*, Dr. Bernard Glueck; *Advising Youth on Marriage*, Dr. Henry Neumann; *The Church and Premarital Education*, L. Foster Wood; *Social Treatment for 16–21 Year Old Delinquents*, Ruth E. Collins; *Socio-Legal Treatment for 16–21 Year Old Delinquents*, Hon. Henry A. Soffer; *Social Treatment for 16–21 Year Old Delinquents*, Leonard V. Harrison; *Medical Aspects of the Social Treatment for 16–21 Year Old Delinquents*, Dr. Herman Baxt; *Fundamentals of Sex Education*, Dr. Benjamin C. Gruenberg; *Fundamentals of Sex Education*, Dr. Leonard Covello; *Sex in Education*, Dr. Margaret Elizabeth Wells.

**YOUR COMMUNITY.** Its Provision for Health, Education, Safety and Welfare. By Joanna C. Colcord. Second Edition. New York, Russell Sage Foundation, 1941. 85¢.

Prior to this new edition, demand for this useful volume made necessary three reprintings, totaling 12,000 copies since the book was first issued in January, 1939. (See review, *JOURNAL OF SOCIAL HYGIENE*, June, 1939, p. 292.) As previously stated the work grew out of a pamphlet under the title *What Social Workers Should Know About Their Own Communities*. The second edition has been brought up to date as to references, lists of agencies and other new data which has accumulated since the original publication. Various new references dealing with social hygiene problems will add to the usefulness of the publication for community groups faced with the need to improve conditions.

JEAN B. PINNEY.

**CHILDREN IN A DEMOCRACY.** Preliminary Statements Submitted to the White House Conference on Children in a Democracy. Prepared for the use of the Report Committee. Superintendent of Documents, Washington, D. C., 1940. 257 p. 40¢.

These preliminary statements, in mimeographed form, were collected to provide material for interested persons and groups, pending appearance of the final report in printed form. This is now available as indicated below, but the *Preliminary Statements* still have much in themselves of interest and value for reference to all who are interested in child health and welfare. The section headings indicate the scope:

*The economic resources of families and communities; Economic aid to families; Housing the family; Religion and children in a democracy; Education through the school; Leisure-time services for children; Library service for children and youth; Child labor and youth employment; Health and medical care for children; Social services for children; and Children in minority groups.*

The material in the preliminary statements was assembled by the research staff of the Conference and by others who collaborated. The statements were discussed in group meetings and suggestions and revisions incorporated in the



present form. Mr. Homer Folks, Chairman of the Report Committee, says in a foreword:

“It should be noted that these preliminary statements have not been acted upon formally by the discussion groups, by the Report Committee, or by the Conference as a whole. Only the *General Report* of the Conference has been officially adopted. The preliminary statements, however, are not in conflict with the *General Report*. They are to be regarded as supplementary to it and as an aid in obtaining original source materials for more detailed study of the subject-matter.

“The *General Report* of the Conference which has already been issued, and the *Final Report* now in preparation, deal with some subjects besides those discussed in the preliminary statements. They contain sections on the family, on democratic goals, and on problems of administration. In both the *General Report* and the *Final Report* the family is regarded as the primary social unit and the welfare of the individual child in the family is the central theme.

“Although this publication does not constitute a single integrated document, the preliminary statements are closely related because each deals with an important aspect of the central interest—the conditions and needs of children in the United States today, and their relation to society as a whole. The Report Committee believes that this publication will be useful to individuals and groups cooperating in National, State and local spheres in carrying out the program of action recommended by the White House Conference on Children in a Democracy.”

PROCEEDINGS OF THE WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY. Proceedings of the White House Conference on Children in a Democracy, January 18–20, 1940. Including the General Report Adopted by the Conference. U. S. Department of Labor Children's Bureau Publication No. 266. Superintendent of Documents, Washington, D. C. 25¢.

This is a chronological account of the sessions of the fourth conference held during the past 30 years on children's needs in the United States. The publication includes the general report adopted January 19, 1940, which was published separately under the title, *Children in a Democracy* (see review in June 1940 JOURNAL OF SOCIAL HYGIENE). The *Proceedings* include the addresses given and brief summaries of the informal discussions which constituted the program.

Perhaps the most interesting commentary on the value of this and other published reports of the Conference lies in the fact that the plans suggested for translating the Conference Report into action have resulted in the initiation of follow-up programs in 20 states. All these follow-up organizations represent a coordinated interest of government agencies and citizen groups. Twenty national organizations have taken steps looking toward active participation of their members in following up the Conference recommendations.

The volume also contains a roster of Conference officers and a geographic listing of Conference members which should be useful.

YOUTH-SERVING ORGANIZATIONS. National Nongovernmental Associations. By M. M. Chambers. Second Edition. Prepared for The American Youth Commission. Washington, American Council on Education, 1941. 237 p. \$2.50.

The first edition of this handbook was so immediately useful that its reprinting was inevitable. The directory has been completely revised and now includes information concerning some 320 national organizations which are dealing with various youth needs. The

summary preview which makes up *Part I* of the book comments on the place of private associations in American life, suggests further study, and offers some statistical data drawn from *Part II*.

The organizations listed in *Part II* are classified by subject as relating to youth. An *Appendix* reprints a statement adopted by the American Youth Commission, entitled *Should Youth Organize?* The book is carefully indexed. Every worker concerned with service to youth should have a copy.

### Books on Sex Education, Marriage and Family Relations

PREFACE TO EUGENICS. By Frederick Osborn. New York, Harper & Brothers, 1940. \$2.75.

The author is well known as the editor of *Heredity and Environment* and co-author of *Dynamics of Population*. A prominent member of such organizations as the American Eugenics Society, the Population Association of America and the Association for Research in Human Heredity, and Research Associate in Anthropology of the American Museum of Natural History, he has had opportunity for extensive research. The collaboration of many experts on various aspects of the subject insures breadth of view. The chapter headings give but the barest notion of the wealth of material included:

*The significance of genetic inheritance; Psychological studies of heredity and environment; Births and deaths; the background of eugenics; Toward a national population policy; Eugenic selection under the influence of a favorable environment; Psychological aspects of a eugenic environment; Eugenic reorientation of various social policies; Conclusion: the significance of the eugenics philosophy.*

From the social hygiene viewpoint and its general objective of the preservation of family life, every chapter contributes something of value. Of special interest are the discussion of sex education and training for marriage, and the final chapter on the eugenics ideal and the value of the individual.

F. Stuart Chapin, editor of Harper's *Social Science Series*, says in an introduction:

"Mr. Osborn gathers up the evidences of . . . new trends and . . . new resources from research in the biological, psychological, and sociological areas, and combines them with the genetic fundamentals in a manner that clarifies thought and leaves the reader with a sense of sound perspective on the whole problem. In a period of widespread doubt and uncertainty, any book that contributes a positive and constructive emphasis, and does this by the avoidance of dogmatism on the one hand and unassurance on the other, is no mean contribution to the security of thought."

The author himself says that "the conditions of the present time constitute a 'preface to eugenics.' . . . Even in these troubled times it may be worth considering what significance will attach to eugenics in the near future."

The book has been widely reviewed. H. M. Parshley, Professor of Zoology at Smith College, although suggesting that the title might better have been *Preface to Euthenics*, commends the freshness of the author's treatment and says in *New York Herald Tribune Books*, December 1, 1940:

"While our society waits for biology to advance it can hardly do better—along with other measures of defense—than attend seriously to the matters that Mr. Osborn discusses, whether they are essentially eugenic or not."

*The Bulletin of Family Research and Education* says: "This furnishes a useful 'bible' of the facts and attitudes of the eugenics movement. It presents the newer emphasis which is both biological and sociological."

Although the book will naturally be of greatest interest for professionals, it is sufficiently simple in vocabulary to be readable by the layman with profit.

EDUCATION FOR FAMILY LIFE. Nineteenth Yearbook. Washington, D. C., American Association of School Administrators, 1941. 368 p. \$2.00.

This volume is published after three years of study and work by the American Association of School Administrators' Commission on Education for Family Life. Members of the Commission are:

Einar W. Jacobsen, Dean, School of Education, University of Pittsburgh, Chairman; Mrs. Carol Ryrie Brink, housewife and author of books for children, of St. Paul, Minn.; Lawrence K. Frank, Vice-President, Josiah Macy, Jr. Foundation, New York; Ernest R. Groves, Professor of Sociology, University of North Carolina; Mrs. Kate W. Kinyon, Director of Home Economics of Denver Public Schools; Gertrude Laws, Director of Education for Women of Pasadena Public Schools; Dewitt S. Morgan, Superintendent of Schools of Indianapolis; Flora M. Thurston, Professor of Home Economics Education, Cornell University; and Worcester Warren, Superintendent of Schools, Bridgeport, Conn.

The Commission state that they have availed themselves of the published and unpublished contributions of many persons. The whole has been woven into an attractive, readable and consistently useful volume, not only for the teaching profession but for all who are interested in real education. The approach is from the school to the home, rather than from the home to the school, and a plea is made for educators to "rethink" school activities with the needs and aspirations of home life in mind. The ten chapters are interestingly titled:

I. *Let Us Face the Issue*; II. *Be It Ever So Humble*; III. *Forces Destructive to Home Life*; IV. *Practical Difficulties: A Parent's View*; V. *Educational Principles and Processes*; VI. *Areas of Educational Effectiveness*; VII. *Schools Can Help Homes*; VIII. *Specific School Activities*; IX. *Leaders and Leadership*; X. *Conclusions and Recommendations*.

An appendix carries: A. *Organizations with Materials and Services of Use in Education for Family Life*; B. *References on Education for Family Life* (many tried and true social hygiene books here, but pamphlets would have been helpful, too); C. *Fiction and Nonfiction References*.

The full-page woodcut illustrations by Burns Price, and the vignettes by Kathleen Bruskin which accompany each chapter, add charming detail.

JEAN B. PINNEY.

FAMILY BEHAVIOR. A Study of Human Relations. By Bess V. Cunningham. Philadelphia, W. B. Saunders Company, 1940. 527 p. \$3.00.

This is the second edition of Dr. Cunningham's admirable college textbook. (See review by Benjamin R. Andrews, *JOURNAL OF SOCIAL HYGIENE*, June, 1936.) Revised and somewhat expanded, it continues to be one of the best texts in this field. In a preface, the author explains the changes and additions to the new edition:

"Since this book was published in 1936, world affairs have changed with such bewildering rapidity that the most stable adult finds it hard to adjust himself. Families also must adjust to rapid change. For this reason no book which deals with today's family can ever be finished. The best that any one author can do is to submit to readers a consideration of problems that appear to be fairly constant with emphasis upon those which appear to be particularly acute because of immediate social trends. Such is the purpose of this revision.

An entire new chapter has been added in order to provide historical background against which to picture the modern family. Various new subjects have been discussed at some length and include a consideration of: *the changing birth rate and the resultant change in the proportion of older and younger members of families; the estimated cost of rearing a child; the postponement of earning after graduation from high school and the related delay in marriage; the problem of the married woman who is also an earner; standards of living, including Keeping up with the Joneses; the cause and frequency of divorce.*

In the light of recent studies certain topics have been amplified and brought to date. Among the most significant of these are: *family income; family income per child in different sections of the country; factors contributing to good adjustment in marriage; premarrriage adjustment; hereditary and family factors influencing intelligence test ratings.*

Much has been written to interpret family life and to clarify social problems. References have, therefore, been greatly expanded to include publications as late as 1940."

Librarians and social hygiene workers may be interested to see here again the section and chapter headings: *Orientation: Chapter I. Families and Family Behavior; II. Historical Background; III. How Shall We Study the Family? The Social Setting; IV. Neighbors; V. More Neighbors; VI. Common Community Forces. Old Problems in New Settings; VII. Working and Sharing Income; VIII. Using Leisure; IX. Adjusting to Community Life. The Nature of Personalities: X. Maintaining Healthy Minds; XI. Careers for Parents; XII. Children and Their Parents; XIII. Growing Up; XIV. Families of Tomorrow.*

PERSONALITY AND THE FAMILY. By Hornell and Ella B. Hart. Revised and Enlarged Edition. New York, Heath, 1941. 526 p. \$3.25.

Since the appearance of the first edition in 1935, this work has been one of the most useful college texts for preparation of students for their coming family life. (See review, JOURNAL OF SOCIAL HYGIENE, June, 1936.) This revised and enlarged edition adds approximately 150 pages and brings up to date especially the bibliography at the end of the book and each chapter, as well as much of the text. Chapter headings indicate the scope of the work:

*Past and Present Sexual Behavior; Science Grapples with Marriage; The Dynamics of Family Life; Finding a Mate; Who Is Marriageable?; Matching for Successful Marriage; Sexual Promiscuity and Fulfillment of Personality; Sexual Adjustment before Marriage; Industrial Change and the Family; Divorce; Creative Relations between Husband and Wife; Parents and Babies; Understanding Parenthood; Creative Interaction of Parents with Children; Problems of Parenthood; Family Counseling; Eugenics.*

A FUNCTIONAL PROGRAM OF TEACHER EDUCATION. As Developed at Syracuse University. By The Curriculum Committee of the School of Education. Published on Recommendation of the Commission on Teacher Education. Washington, American Council on Education, 1941. 261 p. \$1.25.

This is a publication especially for educators, and covers the broad field of teacher training as in practice at Syracuse University.

*Chapter VII, on The Study of Adolescent Development*, by Russell T. Gregg and Maurice E. Troyer, will give youth group leaders a good idea of a basis for school cooperation on the subject.

**YOUTH, FAMILY AND EDUCATION.** By Joseph K. Folsom, with sections by Winifred E. Bain and Ellen Miller. Prepared for the American Youth Commission. Washington, American Council on Education, 1941. 299 p. \$1.75.

Professor Folsom edited *Plan for Marriage*, based on an extra-curricular series of lectures at Vassar College, which was one of the most successful of the 1938 crop of publications on this subject. The present work considers marriage as one aspect of the whole field of family relations and particularly the education of young people for these relations. *Part I* deals with the philosophy of education for family living. The chapter headings are explicit:

*The Changing Objectives of Education; The Modern Problems of Family Living; Improving Family Life: An Opportunity for Education; Origins and Development of Family Life Education.*

*Part II*, under the general heading *Present-Day Practice and Problems* discusses what is being done to provide this kind of education from nursery school up through college level and on into the community, state and nation. Nine chapters make up this second section, with titles as follows:

*The Nursery School and Elementary School; High School Programs; College Programs; Social Group Work Outside the Schools; Family Case Work and Family Counseling; Community and State-wide Coordination of Effort; National Programs; The Distribution of Functions in a National Program; Use of the Impersonal Media of Communication.*

A well-organized *Appendix* covers: I. *Organizations and Journals of Primary Research on Family Life*; II. *Central Organizations Which Promote Family Life Education Through Local Groups*; III. *Sources of Films on Family Life*. A bibliography running through 28 pages is also classified under various headings which make quick reference possible. An index facilitates additional reference use. Aside from the special sections of the book prepared by Miss Bain and Miss Miller, acknowledgment is made to a long list of educators and others interested in the subject of the book, including Professor Maurice A. Bigelow, Chairman of the A.S.H.A. National Education Committee.

JEAN B. PINNEY

**FAMILY COUNSELING SERVICE IN A UNIVERSITY COMMUNITY.** By Margaret Gilbert Benz, Ph.D. New York, Teachers College, Columbia University, 1940. 125 p. \$1.60.

Here is a brief report from the Family Consultation Bureau organized some years ago as a part of the program of the Child Development Institute of Columbia University, to deal with family problems as revealed through the needs found among children with whom the Institute was concerned. The purpose of this study was to gain a better understanding of some of the problems and needs of families of moderate income and above, in Greater New York, through an analysis of the 2,863 requests made by 967 separate families who were clients of the Family Consultation Bureau during its existence from October, 1932 to June, 1936.

The three problems which seemed to be of greatest concern in these families were (1) the education of their children in and out of school; (2) the position

of women in the family, that is, uncertainty as to what extent women should be responsible for family government and stability; and (3) problems concerned with the maintenance of the home. Most of these latter came especially out of city problems: lack of space at reasonable cost, problems of keeping and getting satisfactory household help, et cetera. A real need was found to exist for discussion of individual, personal and family relationships, particularly in relation to marital tension between husband and wife.

**THE WONDER OF LIFE.** How We Are Born and How We Grown Up.  
By Milton I. Levine, M.D. and Jean H. Seligmann. New York,  
Simon and Schuster, 1940. 114 p. \$1.75.

Sex education books which are interesting to young children and at the same time suitable and accurate for their reading are all too rare. This little book fills these requirements. It is described as the outcome of informal talks and discussions on the subject of reproduction conducted by Dr. Levine with children at the City and Country School over a period of more than ten years. Approbation has been expressed by such authorities in the field of biology and sex education as Professor Maurice A. Bigelow, Chairman of the A.S.H.A. National Education Committee; Sidonie Matsner Gruenberg, Director of the Child Study Association; Bertha G. Gold of Hunter College; Margaret S. Ernst; Joshua Lieberman; and Caroline Pratt, Principal of the City and Country School. Favorable reviews have appeared widely by most of the regular magazine and newspaper reviewers. The *Library Journal* says: "It is a book that no library can afford to miss."

**COME OVER TO MY HOUSE.** Cue Program Series. New York, The  
Girls' Friendly Society, 1940. 40 p. 35¢.

**STEPPING OUT.** Prepared by Martha H. Clarke. Cue Program Series.  
New York, The Girls' Friendly Society, 1940. 40 p. 30¢.

These attractive little booklets are of interest for mention here because they include much about health and sex development on an equal basis with other matters which go into the process of growing up. *Come Over to My House* is divided into two sections, for girls under ten and over ten. *Stepping Out* is for the teen age. Both mothers and girls will find these easy and pleasant reading.

**MARRIAGE.** By William Lyon Phelps. New York, E. P. Dutton &  
Company, Inc., 1940. 56 p. \$1.00.

This brief, charming essay, which appeared in part as an article, *Religion in the Home*, in *Good Housekeeping Magazine*, and which was included in the *Good Housekeeping Marriage Book* (Prentice-Hall, 1938), is well worth reprinting. Professor Phelps' thesis may be summed up in these sentences which appear early in his remarks:

"The highest happiness on earth is in marriage. Every man who is happily married is a successful man even if he has failed in everything else. And every man whose marriage is a failure is not a successful man even if he has succeeded in everything else."

Reviews have been numerous and complimentary. Haven Emerson in the *American Journal of Public Health* (January 1941) says: "This book should

be required reading for all devotees of that most searching test of mental hygiene, the art and practice of marriage. I would rather know that a psychiatrist accepts and lives in fact the sweet philosophy this scholarly Christian proposes, and himself observes, than to be assured he had been psychoanalyzed and completed his institutional residence."

**YOU CAN BE HAPPILY MARRIED.** By Gilbert Appelhof, Jr. New York, The Macmillan Company, 1941. 218 p. \$2.00.

A liberal-minded Episcopal clergyman contributes a simple, non-technical, yet comprehensive interpretation of the basic elements involved in successful marriage and the stability of family life. The author's experience in counseling young people about to marry and adults involved in marriage difficulties has emphasized the value of physiological and psychological as well as spiritual adjustment between husband and wife. The importance of healthful living is stressed. Building character, self-control and ideals of family life in youth are the task of home and school as well as church. Such preparation contributes, in large part, to satisfactory marriage choice and normal satisfactions in family living. Problems commonly causing marital friction are discussed.

This book should prove helpful to adults as well as young people. The sets of questions designated as *The Marital Review* should provoke interest and comment from others in the field of counseling.

A well-selected, classified bibliography completes the volume.

VALERIA HOPKINS PARKER, M.D.

**MODERN MARRIAGE.** A Handbook for Men. By Paul Popenoe. Second Edition. New York, The Macmillan Company, 1940. 299 p. \$2.50.

"... advances since the first publication of this book in 1925," says the author in a preface to this second edition, "and the amount of new material now available has led me to rewrite it entirely." It should be added that the author's constant practice in writing for laymen has also enabled him to know better where emphasis should come and what may be less important for such a book. The second edition of *Modern Marriage* remains, however, like the first, a handbook written by a man especially for men, which means that it is more than usually interesting reading for women. The chapter titles are interest-provoking and the text fulfills their promise:

*Are You Old Enough to Marry?; What Kind of a Wife Do You Want?; Where Will You Find Such a Paragon?; And What Will She Think of You?; Remember, You Do Not Understand Women!; What Will Your Parents Say?; Marriage Is a Family Matter; Beware of Widows, Still More of Divorcees; And Above All, Beware of Bogus Romance!; Now, Are You Really in Love?; Man Proposes; The Betrothal Period; Must You Dig up the Past?; How Soon Can You Afford to Marry?; The Pre-marital Examination; The Wedding; The Beginning of Married Life; Children.*

The series of Appendices keep up the interest level: *The Femininity and Happiness of Wives; Happiness and Duration of Marriage; The Masculinity and Happiness of Husbands; Are You the Perfect Son-in-law?; How Men Propose; Happiness of Marriage in Relation to Number of Children; My First Baby.*

*Appendix VIII* is a full bibliography, including many other works by the author. A good index adds to the value of the volume.

Dr. Ira S. Wile, in reviewing the first edition of this book for the *JOURNAL OF SOCIAL HYGIENE*, June, 1925, said:

"It is a book that is eminently safe to recommend to young adults or late adolescents who are feeling the stirrings of the mating instinct and who could profit by intelligent guidance as to its meaning."

This seems to sum up the situation for the present printing.

JEAN B. PINNEY

**YOUR MARRIAGE.** A Guide to Happiness. By Norman E. Himes. New York, Farrar & Rinehart, 1940. 430 p. \$3.75.

Professor Himes, as leader of a course on *Preparation for Marriage* which is regularly an elective choice of more than half the student body at Colgate University, has had ample opportunity to consider the questions which concern young people considering marriage,—which means, of course, all young people. He is well known as the author of other books, including *Sociology and the Modern World*, *Medical History of Contraception*, *Practical Birth-Control Methods and Economics*, and as a welcome contributor to leading medical, hygienic and sociological periodicals. The current work has been widely reviewed in the general as well as professional papers.

*New Republic* says: "A practical handbook for young people contemplating marriage or already married. . . . All the familiar sexual questions are discussed frankly and sensibly, in relation to economic, psychological and social issues."

*The American Journal of Public Health* (October 1940), says: "The references are abundant and well chosen, the index is adequate in topics and detail and the bookmaking good though not superior. Professor Himes has given us not so much a piece of literature as a useful textbook for the convenience of the steadily expanding army of men and women who would listen and learn before and after the leap into marriage, and for those who serve as professional counsellors in the medical, social, economic, legal, and psychological problems of those who would live together permanently and happily."

*The Annals of the American Academy of Political and Social Science* (November 1940) reports: "In the discussion of the sex factors in marriage adjustments, . . . this book is honest and clean. It does not evade nor does it smirk. It hews to the line in a straightforward, matter-of-fact way."

H. M. Parshley, in the *New York Herald Tribune Books* (November 10, 1940) says: ". . . it is written in a warm friendly style, without academic affectation or professional cant."

**HOW CHARACTER DEVELOPS.** A Psychological Interpretation. By Fritz Kunkel, M.D. and Roy E. Dickerson. New York, Charles Scribner's Sons, 1940. 274 p. \$2.50.

This work, while in the field of mental hygiene, is noted here because of the relation of one of its authors to social hygiene. Mr. Dickerson, aside from being the author of several well-known and widely used social hygiene books (among them *So Youth May Know* and *Growing Into Manhood*) has been the President of the Kansas



City Social Hygiene Society for some years and a field consultant for the American Social Hygiene Association. At present he is concerned in the national defense activities of the Division of Social Protection of the Federal Security Agency.

A number of Reviews have appeared, including *The Booklist Index* and *Christian Century*.

H. S. Elliott in the *Journal of Religion* (January 1941) says: "Upon the whole this is a useful book; but it suffers, as do the writings of many of the Europeans of the various 'analytical' schools of psychology, by an effort to find a *single* key to the human problem and by a special terminology which is used to express its distinctiveness." Further, the authors attempt, as do some of the other Europeans, to make a classification of individuals into types. This is of doubtful usefulness. . . . This book should be used for what it is—one useful approach to the problem of character development and one significant contribution to understanding individuals and helping them to find their way positively and triumphantly."

### Books on Legal and Protective Measures

Various official publications are listed here as of interest to social hygiene agencies and workers for present information and future reference. Copies of these will be found in most state and law libraries, and in some public libraries. Readers who desire to secure copies for their personal libraries and collections should inquire of their representatives and senators in Congress.

HEARINGS BEFORE THE COMMITTEE ON MILITARY AFFAIRS, HOUSE OF REPRESENTATIVES, 77TH CONGRESS, 1ST SESSION ON H.R. 2475, A Bill to Prohibit Prostitution within Such Reasonable Distance of Military and/or Naval Establishments as the Secretaries of War and/or Navy Shall Determine to Be Needful to the Efficiency, Health, and Welfare of the Army and/or Navy.

HEARINGS BEFORE THE SELECT COMMITTEE INVESTIGATING NATIONAL DEFENSE MIGRATION, HOUSE OF REPRESENTATIVES, 77TH CONGRESS, 1ST SESSION, PURSUANT TO H. RES. 113, A Resolution to Inquire Further into the Interstate Migration of Citizens, Emphasizing the Present and Potential Consequences of the Migration Caused by the National Defense Program.

THE YOUTH OF NEW YORK CITY. By Nettie Pauline McGill and Ellen Nathalie Matthews. New York, The Macmillan Company, 1940. 420 p. \$2.50.

The authors are members of the staff of the Research Bureau, Welfare Council of New York City, and their book is unique in that it covers a cross-section of the city's youth rather than any special group. Roughly, one out of every 100 of the million young people in New York between the ages of 16 and 25 in the year 1935 was interviewed. The state and city relief authorities as well as the Works Progress Administration cooperated generously both in gathering and tabulating the facts secured.

The one per cent sample was drawn on a basis of residential units and house-to-house canvass. The chapter headings, grouped under five sections, indicate the scope of the study:

*Background: The Youth Population; Home and Family Background; Youth, Relief and the Social Agencies; School and Employment Status. Education: Youth and the Schools of New York City. Employment and Unemployment: Youth at Work; Youth Out of Work; Employment and Unemployment of Negro Youth. Leisure: Community Responsibility for Recreation; Amount and Uses of Leisure; Determinants in Youth's Use of Leisure; Reading, Radio, and the Movies; The Social Life of Youth. General Summary and Conclusions.*

The final chapter gives a bird's eye view of youth in a great city, which in many respects might be any city. This is a source and reference book for the desks of all workers concerned with youth and their needs. While the study did not concern itself particularly with health, there are brief, revealing statements here and there regarding tuberculosis, venereal diseases and other "diseases of youth."

JEAN B. PINNEY

**TIME ON THEIR HANDS.** A Report on Leisure, Recreation, and Young People. By C. Gilbert Wrenn and D. L. Harley. Washington, D. C., American Council on Education, 1941. 267 p. \$2.00.

Stating that, "No plan for revising and enlarging the federal government's contribution to general health and youth welfare services should ignore recreation," the authors point out the need for normal, active recreation for youth, and the fact that probably half of the American population between 16 and 24 lack regular physical recreation. Five groups of young people especially lacking in recreational advantages are rural youth, girls, youth of low income families, Negro youth and older adolescents. Surveys in Dallas, Texas, in Muncie, Indiana, and throughout the state of Maryland showed that in many areas as few as 20 per cent of youth participated in active sports; and as high as 50 per cent had no opportunity for any exercise other than walking.

### **Books on Public Health and Medical Measures**

**THE 1940 YEAR BOOK OF PUBLIC HEALTH.** Edited by J. C. Geiger, M.D. Chicago, The Year Book Publishers, 1940. 560 p. \$3.00.

The publishers state that this new Year Book is published in response to increasingly numerous requests for such a book received during the past seven or eight years from members of the public health movement and medical profession. The editor is Director of Public Health for the City and County of San Francisco and an excellent choice to supervise this volume.

The Year Book is designed to furnish a quick review of progress in public health. Important papers of the year on all public health subjects have been abstracted and the editor in many cases adds personal comments which increase the interest and value of the book. The section on venereal diseases in its next edition will no doubt include something on the value of legislation for premarital and prenatal examination laws as a preventive of syphilis and gonorrhea.

**AMERICA ORGANIZES MEDICINE.** Michael M. Davis. New York, Harper and Brothers, 1941. 335 p. \$3.00.

Of the numerous reviews which have appeared about this new volume, that by Professor C.-E. A. Winslow, of the Yale University School of Medicine, in the *Survey Graphic* (May 1941) is perhaps most comprehensive and clear:

"This book is 'different.' It makes no decisions, arrives at few conclusions. It gives in brief form the basic facts and analyzes the criteria which can be logically applied in estimating the value of projected changes. . . . He deplores the dogmatic obscurantism and the appeals to a medical class consciousness which 'have weakened confidence in the organized medical profession among considerable sections of the public'; and which 'have promoted among physicians an emotional approach to the economic and social aspects of medicine which warps and often inhibits an intelligent participation in problems in which the future of medicine is much involved.' He looks forward to a scientific and experimental approach toward an American ideal which will 'preserve individuality within organization . . . by participative processes of political, economic, and intellectual democracy; for the wage earner and his employer, the farmer and his hands, the scientist and the writer, the teacher and the pupil, the physician and the patient.'"

Remembering Dr. Davis' interesting study of *Syphilis as an Economic Problem*,\* one looks forward to other books on the economics of the special subjects which are grouped in this volume.

JEAN B. PINNEY

**COMMUNITY HYGIENE.** By Elizabeth Sterling Soule and Christine Mackenzie. New York, The Macmillan Company, 1940. 218 p. \$1.75.

Most community hygiene books are written by doctors. Here is one by two nurses who have competently capsuled a wide range of community health problems. The chapter headings show how neatly they have packaged up their material in brief, factual style:

*History of the Development of Community Hygiene Practices; The Sanitation of the Food Supply; The Water Supply; Sewage Disposal; Housing; The Control of the Communicable Diseases (two chapters); Community Health Problems in Relation to Maternity, Infancy and Childhood; Programs More Recently Instituted by Official Health Agencies; The Organization for the Administration of Public Health Services.*

At the same time they have managed to bring in interesting side-lights by quoting numerous authorities. In the next edition, the authors no doubt will revise their statements on syphilis and gonorrhoea in the light of recent scientific advances in the prevention and control of these diseases.

**INDUSTRIAL HEALTH. Asset or Liability?** By C. O. Sappington, M.D. Chicago, Industrial Commentaries, 1939. 224 p. \$3.75.

As a physician, safety administrator, lecturer and writer, Dr. Sappington knows the answer to his title question. He means, of course, that industry has the power to make employee health a force

\* With Leon Bromberg, M.D. JOURNAL OF SOCIAL HYGIENE, October, 1932.

for effectiveness or the lack of it a heavy liability. As the Director of Industrial Health of the National Safety Council for some time, he had opportunity to view the national loss from failure to keep industrial health at a high level, and his ability to translate his knowledge into readable text makes this volume valuable not only for the personnel manager and the medical director, but for the employer himself and for the agencies, voluntary and official, which seek to aid industry in this difficult problem. The chapter headings are explicit:

*General Discussion; Evolution and Organization of an Industrial Health Service; Health Service in the Small Group; Fundamentals of an Ideal Service; The Philosophy of Health (Health Education and Information); Health Procedures Needing Greater Application in Industry (Pre-Employment and Periodic Examinations, Correction of Physical Defects, First Aid to Minor Illnesses); Occupational and Nonoccupational Factors Compared; Some Special Problems (Fatigue — Posture — Noise — Nutrition — Mental Hygiene — Absenteeism — Recreation — Ventilation — Illumination); The Administration of Industrial Health; The Industrial Physician; The Industrial Nurse; Community Relationships; Does Industrial Health Work Pay?; Some General Conclusions; Sources of Information.*

An *Appendix* includes health examination forms of various types, and some of the industrial survey forms prepared by the U. S. Public Health Service.

*Chemical and Metallurgical Engineering* (January 1940) says: "Even after a quick reading two things stand out in this work. In the first place, the author gets right down to brass tacks and tells what specific and practical things industry must do in developing a health program. . . . The second outstanding thing about the book is the absence of philosophical dribble."

*Management Review* (April 1940) says: "The volume is one that has long been needed, for while there have been good books published on this topic none has been so specific as to methods and costs—two terms that appeal to the business man."

GERMS AND THE MAN. Justina Hill. New York: G. P. Putnam's Sons, 1940. 461 pp., 17 illustrations. \$3.75.

This is the story of infection and resistance. The concept of infection is limited as the title suggests to bacterial infection, the viruses being barely mentioned. The concept of resistance on the other hand is extremely broad and includes the physiology of tissue repair and man's intelligent use of chemical measures to combat his bacterial foes. A bibliography of 726 references to the scientific literature is arranged by chapters. Other references to the literature are given in footnotes.

It is to be feared that the layman for whom this book is no doubt intended, will find it stiff reading. The author has made an effort, not always successful, to avoid technical language and to lighten her scientific dough with a little airy persiflage; but without a serious interest in biology the reader will find it hard to follow on. The book will probably be most enjoyed by physicians who have not had time to keep entirely abreast of the literature. Medical men who read that ". . . 94 per cent or more of human beings living in civilized communities either have tuberculosis or have had it" will know what Miss Hill means and will not be misled. There are a few such statements which can less safely be entrusted to the lay reader. But they

are not typical. *Germs and the Man* is really a work of great erudition packed with the news made by biologists and chemists in the last ten years.

J. ROSSLYN EARP, M.D.

A COLLEGE TEXTBOOK OF HYGIENE. By Dean Franklin Smiley, M.D., and Adrian Gordon Gould, M.D. Third Edition. New York, Macmillan Company, 1940. 539 p. \$2.50.

The third edition follows the plan of the first and second editions with the exception that some of the community health problems are discussed in direct association with the presentation of personal hygiene subject matter. *Section X, on The Genital System* contains the following chapters:

*Development and Structure; The Hygiene of the Developing Genital System; The Hygiene of Sexual Intercourse and Reproduction; Social Hygiene Problems.*

A COMMUNITY HEALTH PROGRAM FOR THE Y.W.C.A. By Edith M. Gates. New York, The Woman's Press, 1940. 120 p. 85¢.

Here is a "handbook for leaders, for committees, councils and staff in all departments of the Association that want to share in this work. It is as much for a club council or a business girls' secretary as for a general secretary or the health education specialist." The contents include:

*Part I—How the Y.W.C.A. Faces Its Responsibility for Community Health: Y.W.C.A. Background; Expanding Public Health; Public Health Services—Federal, State and Local; The Medical, Dental and Nursing Professions; The Voluntary Health Agencies; Other Organizations Including Health in Their Program; Cooperation Through Health Councils; The Y.W.C.A.'s Responsibility; Methods of Work.*

*Part II—Special Programs, Including Discussion Questions and Special References: Maternal and Child Health; Birth Control; Industrial Hygiene; Nutrition; Health and Housing; Sanitation, Food and Milk Control; Food, Drugs and Cosmetics; Safety Education; Health and Recreation; Prevention and Control of Disease; Adequate Medical Care; A National Health Program.*

A useful appendix contains a section of *General References*, and a list of *Sources of Health Information and Health Materials*.

GONORRHEA IN THE MALE AND FEMALE. A Book for Practitioners. By P. S. Pelouze, M.D. Third Edition, Reprinted. Philadelphia, W. B. Saunders Company, 1941. 489 p. \$6.00.

The publishers announce this volume as a "revised reprint." Two chapters of the Third Edition, published in 1939, have been completely rewritten: *Sulfanilamide and Its Derivatives*, to conform with today's use of these drugs in the treatment of gonorrhoea; and *Gonorrhoea in Immature Females*, to include the findings of the Research Advisory Committee of the Study of Gonorrhoea for the New York City Board of Health. Dr. Pelouze's work is, of course, a classic in its field.

OFFICE UROLOGY. By P. S. Pelouze, M.D. Philadelphia, W. B. Saunders Company, 1940. 766 p. \$6.00.

The reputation established by the several editions of *Gonorrhoea in the Male and Female* will be further enhanced by Dr. Pelouze's new book. Like the author's previous work, *Office Urology* is entertaining, often amusing, eminently practical, and authoritative in its field.

Beginning with an introduction which discusses such practical problems as office arrangements, instruments, sterilization of hands and instruments, etcetera, the author presents the anatomy and physiology of the genitourinary system, then discusses history taking, examination of patients, diagnostic methods, and general methods of treatment, including minor or office surgical procedures. From this point, the author discusses urologic diseases of genito-urinary anatomic structures. *Chapter XIII*, on *The Sexual Problem* is one of the most interesting and helpful discussions of this subject the reviewer has seen, and should be read by every social hygiene worker as well as every physician. The final chapter of the book is given over to cystoscopy and roentgenography.

*Office Urology* is characterized far beyond most medical books with attention to the mental aspect of departures from the normal. Throughout the book, the author is concerned with "the dividing line between symptoms due to disease and those due to physiological interferences with the normal functioning of certain parts of the urogenital system". While the psychologic aspects of disfunction are especially discussed in the chapter on *The Sexual Problems*, the author recognizes throughout the book the often dominant role of psychic factors in producing symptoms troublesome to the patient and often perplexing to the physician.

*Office Urology* is copiously and beautifully illustrated, well printed, and has that extremely useful adjunct, an excellent index.

WALTER CLARKE, M.D.

HUGH YOUNG. *A Surgeon's Autobiography*. New York, Harcourt, Brace and Company, 1940. 554 p. \$5.00.

Dr. Young's autobiography has been so widely reviewed by so many publications and reviewers that it is hardly necessary to bring it to the attention of JOURNAL readers, except as an opportunity to greet an old and valued friend of social hygiene. Perhaps the gist of the book is best expressed by the summary appearing in *Book Review Digest*:

This autobiography of the head of the James Buchanan Brady Urological Institute in Baltimore, who is one of the world's great urologists, is largely a record of his professional life. He was born in San Antonio, Texas, seventy years ago, the son of the Confederate army's youngest general; he took three degrees in four years at the University of Virginia, and rounded out his studies at Johns Hopkins; he became a specialist in genitourinary surgery; and was largely responsible for the hygienic system which kept down venereal disease in the A.E.F. He is now a first citizen of Baltimore, a brilliant surgeon, and a clever raconteur.

The *New York Times* (Dec. 1, 1940) speaks the general opinion by saying: "An attractively candid autobiography. The book contains much historical material, much anecdote—including certain of the undiluted narratives for which urologists are famous—and much technical detail."

**DERMATOLOGY AND SYPHILOLOGY FOR NURSES.** Including Social Hygiene. By John H. Stokes, M.D. Third Edition, Revised. Philadelphia, W. B. Saunders Company, 1940. 365 p. \$2.75.

Lay readers as well as the medical and nursing world look forward to the appearance of any edition of Dr. Stokes' writings. This book deserves thoroughly the nursing profession's own evaluation (*Public Health Nursing*, March, 1941):

"... an essential reference for public health nurses. The clear organization of the material, the wealth of technical detail, the tabulated summaries of significant data, the generous use of photographic illustrations, and the excellent bibliography have facilitated its use as a source book.

*Part IV, Principles of Social Hygiene* (Chapters 24 to 28) continues to be among the best general statements of this program. Recommended for all from the age of 18 up is *Chapter 28, Normal Ideals of Sex Life*.

This third edition was published in June 1940 and so could not cover the advances in medical science during the past year, such as the intravenous drip treatment for syphilis, and the great progress in gonorrhea therapy. Neither could it report that five more states in their 1941 legislative sessions passed laws for premarital examination for syphilis while five more states passed laws for prenatal examination. Nor could it well discuss the effect of the national defense program on the syphilis problem. Knowing the author, we can guess his notebook is already full of data on these points for the next edition.

JEAN B. PINNEY

**SEX IN DEVELOPMENT.** By Carney Landis and Co-authors. New York, Paul B. Hoeber, Inc., 1940. 329 p. \$3.75.

This book is announced as an effort "to evaluate the importance of the involved and complicated subject of psychosexuality in psychopathology." The introduction explains:

"By *psychosexual*, we mean all that is known about the sexuality of the individual anatomically, physiologically, and psychologically. Psychosexual development refers to the growth and changes in the biological, psychological, and sociological aspects of sex in the course of the life history of the individual."

The book, of course, is intended as an aid to the medical profession in solving the many baffling problems which lie beneath the surface of mental and often of physical illness.

Two hundred ninety-five women provide the subject-matter for this study. Of these 153 were so-called "normal" women who voluntarily contributed their experience; 142 were psychiatric patients. Of the total group 210 were single, and 85 were married. The essential object of the study revolved around the following three questions: "What is the average pattern of sexual development?

How do deviations in this pattern affect the adult personality? What were the characteristics of psychosexual development of different types of personalities?"

Scientific precision and exactitude were observed throughout, an advisory group of specialists in various phases of psychiatry, medicine and surgery collaborated, and the report was read in manuscript by other outstanding figures in the field of psychiatric research. No general conclusions are reached, but it is believed that a good deal of useful data were secured. The project was financed by the Committee for Research in Problems of Sex of the National Research Council, Washington, D. C. The report text is supported by numerous case histories, by full information as to methods (*Appendix I*) and a series of tables showing vital statistics (*Appendix II*). A bibliography and index complete the book.

TEXT-BOOK OF PUBLIC HEALTH. By W. M. Frazer, M.D., and C. O. Stallybrass, M.D. Tenth Edition, Revised and Enlarged. Baltimore, Williams and Wilkins Company, 1940. 504 p. \$6.50.

The tenth edition of this book on England's health conditions is the first by the present authors, and is a continuation of a series begun in 1874 as a short addendum to a *Text-book of Forensic Medicine*. Fifteen chapters are new or completely rewritten, for example, those concerned with tuberculosis, smoke abatement, genetics, hospital administration, and the medical aspects of civil defense. Much space is given to Public Health legislation, including the Public Health Act of 1936, the Housing Act of 1936, and the Food and Drugs Act of 1938. An index at the back of this concise volume makes it a useful reference work to those who are interested in comparing British health practices with that of the United States.

---

#### New Legal and Legislative Aids for Social Hygiene Workers

The American Social Hygiene Association announces a number of new publications now in preparation in the field of legislation and law enforcement.

*The Digest of Venereal Disease Laws in the 48 States and the District of Columbia*, by Bascom Johnson, is in process of revision. Laws up to June, 1941, will be included in the new edition, which will be ready in October. Supplemental sheets for looseleaf insertion will be furnished at nominal cost to those who own the original edition. The revised edition complete will be available at \$5.00 per copy, as formerly.

*A Digest of Vice Repressive Laws in the States* is scheduled for early publication.

In cooperation with the United States Public Health Service, a *Summary of Premarital and Prenatal Laws in the United States*, their history, requirements, and operation, is in preparation for fall publication.

For further particulars inquire of the Publications Service, American Social Hygiene Association, 1790 Broadway, New York City.



## THE SOCIAL HYGIENE BOOKSHELF FOR 1941

### *A Selected List of Social Hygiene Books and Pamphlets for Home and Public Libraries*

The following lists of social hygiene books and pamphlets have been prepared in response to constant requests for bibliographies. The need for selected lists is apparent in view of the fact that a very large proportion of publications in this field are unreliable and misleading, or advertised in ways calculated to exploit the public.

Many excellent publications dealing with special aspects of social hygiene or of a distinctly technical character are not included in these lists; and on the other hand some of those selected do not receive unanimous approval. The intention is merely to present a good working list. Publications on psychology, physiology, heredity and biology are not listed because they may be found under those headings in any public or college library.

Suggestions will gladly be made on request for "minimum" lists of fundamental books, considered basic for a small library or for larger collections.

NOTE: A discount of ten per cent from book prices listed is allowed to members of the Association. It is recognized that public libraries will probably wish to purchase books directly from the publishers at the regular library discount. The privilege of ten per cent is intended particularly for individuals or organizations not eligible to receive library discounts. Pamphlets may be secured from the Association, or through the Vertical File Service, at the prices indicated, or without charge through the Association's Library Membership Service.

This Membership Service, for which yearly dues are \$3.00, provides also as privileges receipt of the JOURNAL OF SOCIAL HYGIENE, the SOCIAL HYGIENE NEWS, package library service and new pamphlets as issued. The Library Membership Service is open to individuals and agencies as well as to libraries, and may be applied for directly to the Association at 1790 Broadway, New York, or through magazine subscription agencies.

All memberships received at this time will be recorded as paid to December 31, 1942, with full privileges.

## BOOKS

The following classification has been arranged at the request of readers desiring guidance as to suitable texts for special groups. The inclusion of a title in one classification does not mean that it is not eligible to others. Most of the books recommended are of general interest and scope. Books marked \* are reviewed in this issue of the JOURNAL.

### For General Readers

- PARRAN, THOMAS. *Shadow on the Land—Syphilis*. New York, Reynal and Hitchcock, 1937. \$2.50. Educational Edition, American Social Hygiene Association. \$1.00.
- WARREN, CARL. *On Your Guard*. New York, Emerson Books, 1936. 160 p. \$1.00.
- NELSON, NELS A., AND CRAIN, GLADYS L. *Syphilis, Gonorrhoea, and the Public Health*. New York, The Macmillan Company, 1938. 359 p. \$3.00.

- GILBERT, MARGARET SHEA. *Biography of the Unborn*. Williams & Wilkins Company. Baltimore, 1939. 132 p. \$1.75.
- GRAY, A. H. *Men, Women and God*. New York, 1923. 189 p. \$1.50. New York, Association Press, 1923. 85 c.
- Problems of sex from a churchman's point of view.
- ROYDEN, A. MAUDE. *Sex and Common Sense*. New York, Putnam, 1922. 211 p. \$2.50.

#### For Parents

- BUTTERFIELD, OLIVER M. *Love Problems of Adolescence*. Emerson Books, Inc. New York, 1939. 212 p. \$2.25.
- CADY, B. C., AND V. M. *The Way Life Begins*. American Social Hygiene Association. New York, 1939. Revised edition. 80 p. Paper bound 50c, cloth bound \$1.50.
- GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00.
- A study course for parents on the relation of family life to the building of personal character.
- GRUENBERG, B. C. *Parents and Sex Education*. New York, Viking Press, 1932. 112 p. \$1.00.
- HUNTINGTON, ELLSWORTH. *Tomorrow's Children*. The goal of eugenics. New York, John Wiley and Sons, Inc., 1935. \$1.25.
- A question and answer discussion.
- STRAIN, FRANCES BRUCE. *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00.
- Shows how parents may meet unusual as well as common situations in sex instruction.
- THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

#### For Children

- DE SCHWEINITZ, KARL. *Growing Up: The Story of How We Become Alive, Are Born and Grow Up*. New York, Macmillan, 1928. 111 p. \$1.75.
- STRAIN, FRANCES B. *Being Born*. New York, Appleton-Century, 1936. 144 p. \$1.50. For girls and boys from 9 to 12.
- TORRELL, ELLEN. *Plant and Animal Children—How They Grow*. Boston, Heath, 1912. 230 p. 90c.
- \*LEVINE, MILTON I. AND SELIGMANN, JEAN H. *The Wonder of Life*. New York. Simon and Schuster, 1940. 114 p. \$1.75.

#### For Young People

(High school age and up)

- CORNER, GEORGE W. *Attaining Manhood*. Harper & Bros. New York, 1939. 95 p. \$1.00.
- *Attaining Womanhood*. Harper & Bros. New York, 1939. 95 p. \$1.00.
- DENNIS, LEMO T. *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.
- DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00.
- *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. (Paper ed. \$1.25.)
- FEDDER, RUTH. *A Girl Grows Up*. McGraw-Hill Book Company. New York, 1939. 235 p. \$1.75.
- GROVES, SKINNER AND SWENSON. *The Family and Its Relationships*. Chicago, Lippincott, 1941. Revised edition. 470 p. \$1.80.
- PARKER, VALERIA HOPKINS. *For Daughters and Mothers*. Bobbs-Merrill Company. New York, 1940. 138 p. \$1.50.
- STRAIN, FRANCES B. *Love at the Threshold*. D. Appleton-Century Company. New York, 1939. 349 p. \$2.25.
- WELSHIMER, HELEN. *The Questions Girls Ask*. E. P. Dutton & Company. New York, 1940. 128 p. \$1.50.

## For Engaged and Married Couples

A special list of books under this classification with particular reference to marriage adjustments is available upon request. (Pub. No. A-143.)

- ELLIS, HAVELOCK. *Little Essays of Love and Virtue*. New York, Doran, 1922. 187 p. \$1.50. An interpretation of the meaning and place of sex in life.
- EXNER, M. J. *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50.
- GOLDSTEIN, SIDNEY E. *The Meaning of Marriage and the Foundations of the Family*. Bloch Publishing Company. New York, 1940. 95 p. 50c. Written for Jewish young people but most of its pages will be useful to those of any faith.
- FOLSOM, JOSEPH KIRK, ED. *Plan for Marriage*. New York, Harper and Brothers, 1938. 305 p. \$3.00. The series of lectures on preparation for marriage given at Vassar College—collected in book form.
- GALLOWAY, T. W. *Love and Marriage*. New York, Funk and Wagnalls, 1924. Revised 1936. 78 p. 30c. (National Health Series.)
- \*HIMES, NORMAN E. *Your Marriage. A Guide to Happiness*. New York. Farrar and Rinehart, 1940. 430 p. \$3.75.
- NEUMANN, HENRY. *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.50.
- \*POPENOE, PAUL. *Modern Marriage. A Handbook for Men*. Second edition. New York. Macmillan. 1940. 299 p. \$2.50.
- STONE, HANNAH AND ABRAHAM. *A Marriage Manual*. New York, Simon & Schuster, 1935. 334 p. \$2.50.

## For Teachers, Pastors, Physicians, Nurses, Social Workers and Students

*Sex Education*

- BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems*. New York, Funk and Wagnalls, 1924. Revised 1936. 60 p. 35c. (National Health Series.)
- *Sex Education*. New Edition, 1938. New York, American Social Hygiene Association. \$1.00 postpaid.
- BROOKS, FOWLER D. *Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00.
- GILBERT, MARGARET SHEA. *Biography of the Unborn*. William & Wilkins Company. Baltimore, 1939. 132 p. \$1.75.
- GRUENBERG, BENJAMIN C. *High Schools and Sex Education*. Superintendent of Documents. Washington, 1940. 110 p. 20c.
- HOLLINGWORTH, L. A. *Psychology of the Adolescent*. New York, Appleton, 1928. 227 p. \$2.50.
- SMILEY AND GOULD. *A College Text Book of Hygiene*. New York, Macmillan, 1940 Revised edition. 539 p. \$2.50.
- VAN BUSKIRK, EDGAR F. *Principles of Healthful Living*. New York, The Dial Press, 1938. 366 p. \$3.00.
- GALLOWAY, T. W. *Sex and Social Health*. New York, American Social Hygiene Association, 1924. 361 p. \$1.50 (special price).
- WHITE, WILLIAM A. *The Mental Hygiene of Childhood*. Boston, Little, Brown, 1919. 193 p. \$1.75.

*Public Health and Medical*

- LONG, W. BAYARD AND GOLDBERG, JACOB A. *Handbook on Social Hygiene*. Philadelphia, Lea and Febiger, 1938. 442 p. \$4.00. Contains contributions by 19 specialists.
- PELOUZE, P. S. *Gonorrhoea in the Male and Female*. A book for practitioners. 3rd ed. Philadelphia, Saunders, 1939. 440 p. \$5.50.
- SNOW, WILLIAM F. *Veneral Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. Revised 1936. 98 p. 35c. (National Health Series.)
- STIMSON, A. M. *The Communicable Diseases*. U. S. Government Printing Office. Washington, D. C., 1939. 111 p. 25c.

STOKES, J. H. *Dermatology and Syphilology for Nurses*. Philadelphia, W. B. Saunders Co., 3rd edition, 1940. 365 p. \$2.75.

In addition to the special text for nurses contains excellent discussion of general social hygiene principles and place of the movement in community and individual life.

— *Modern Clinical Syphilology*. Philadelphia. Saunders. 1934. 1400 p. 1934. \$12.00.

#### *Legal and Protective Measures*

ADDAMS, JANE. *A New Conscience and an Ancient Evil*. New York, Macmillan, 1912. 219 p. \$1.50. Prostitution in modern civilized society.

FLEXNER, ABRAHAM. *Prostitution in Europe*. New York, The Century Company, 1920. 455 p. \$2.00. Useful to students of the problem in the United States.

GLUECK, SHELDON AND ELEANOR. *Five Hundred Delinquent Women*. New York, Alfred A. Knopf, 1934. 549 p. \$5.00.

— *Juvenile Delinquents Grown Up*. The Commonwealth Fund. New York, 1940.

HALL, GLADYS. *Prostitution in the Modern World*. New York, Emerson Books, 1936. 200 p. \$2.00.

HARRISON, LEONARD V., AND GRANT, PRYOR MCNEILL. *Youth in the Toils*. New York, Macmillan, 1938. 167 p. \$1.50.

HEALEY AND BRONNER. *Delinquents and Criminals, Their Making and Unmaking: Studies in two American cities*. New York, Macmillan, 1926. 317 p. \$3.50.

HUTZEL, ELEONORE. *The Police-Woman's Handbook*. New York, Columbia Press, 1933. 303 p. \$2.00.

JOHNSON, BASCOM. *Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhoea in Forty-eight States and the District of Columbia*. New York, American Social Hygiene Association, 1940. 438 p. \$5.00. Revised edition in preparation.

VAN WATERS, MIRIAM. *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00.

#### *Family Relations*

ADLER, FELIX. *Marriage and Divorce*. New York, Appleton, 1915. 91 p. \$1.25. Proposes restrictions on divorce and high ideals for marital relationships.

BABER, RAY E. *Marriage and the Family*. McGraw-Hill Book Co., New York, 1939. 656 p. \$4.00.

\*CUNNINGHAM, BESS V. *Family Behavior*. Second edition. 1940. Philadelphia, W. B. Saunders and Co. 527 p. \$3.00.

Awarded the *Parents Magazine* medal as the book of greatest help to parents published during 1936.

GOODSELL, WILLYSTINE. *A History of the Family as a Social and Educational Institution*. New York, Macmillan, 1915. 588 p. \$3.00.

TERMAN, LEWIS M. *Psychological Factors in Marital Happiness*. New York, McGraw-Hill, 1938. 474 p. \$4.00.

FOLSOM, J. K., EDITOR. *Plan for Marriage*. New York, Harper, 1938. 305 p. \$3.00.

BIGELOW, W. F., AND JUDY-BOND, H., EDITORS. *The Good Housekeeping Marriage Book*. New York, Prentice-Hall, 1938. 182 p. \$1.96.

HART, HORNELL AND ELIA B. *Personality and the Family*. Boston, Heath. Revised edition 1941. 526 p. \$3.25.

POPENOE, PAUL. *The Conservation of the Family*. Baltimore, Williams and Wilkins, 1926. 266 p. \$3.00.

SPENCER, A. G. *The Family and Its Members*. Philadelphia, Lippincott, 1923. 322 p. \$2.50. The relationship of each member of the monogamous family as it changes to meet new social demands.

#### *Prenatal Care*

DE NORMANDIE, R. L. *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30c. (National Health Series.)

KENYON, JOSEPHINE H. *Healthy Babies Are Happy Babies*. New York, Little, Brown, 1938. 330 p. \$1.50.

STEVENS, ANNE A. *Maternity Handbook*. New York, G. P. Putnam's Sons, 1932. 178 p. \$1.00.

## PAMPHLETS

Unless otherwise stated, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. (Single copies free to members of the American Social Hygiene Association upon request—except as otherwise indicated.)

- Pub. No. **For Parents**
- 319 **Your Daughter's Mother**, Ruth K. Gardiner  
 778 **A Formula for Sex Education**, 5¢  
 844 **Sex Education in the Home**, Helen W. Brown  
 A-82 **Established Points in Social Hygiene Education**, Maurice A. Bigelow  
 A-105 **Some Information for Mother**, John Palmer Gavit  
 A-164 **How Should You Tell Your Child About Sex?**, 5¢  
 A-177 **Social Hygiene and the Child**, Valeria H. Parker  
 A-186 **What You Should Know About Syphilis and Gonorrhoea**, Max J. Exner  
     \$1.00 per dozen, \$7.50 per 100, \$50.00 per 1000  
 A-327 **Health for Man and Boy** } Special Series (25 cents a set) new edition  
 A-328 **Women and Their Health** } William F. Snow  
 A-329 **Marriage and Parenthood** }

**For Boys and Girls**

- 626 **From Boy to Man**  
 831 **Health for Girls**

**For Young Men and Women**

- 853 **The Question of Petting**, Max J. Exner  
 972 **Betrothal**, Paul Popenoe  
 A-176 **Choosing a Home Partner**, Newell W. Edson  
 — **Petting, Wise or Otherwise**, E. L. Clarke, 25¢. (No free copies)  
 (See also Special Series above)

**For Physicians, Teachers, Pastors, Nurses, Social Workers,  
Youth Leaders**

Further technical references furnished on request. For special articles and issues not listed here see also folder **Journal of Social Hygiene as Permanent Reference Material** (pp. 309-311) and annual indices to the Journal in many libraries.

*Sex Education*

- 778 **A Formula for Sex Education**, 5¢  
 853 **The Question of Petting**, Max J. Exner  
 971 **Sex Instruction in Public Schools**, W. W. Beatty  
 A-82 **Established Points in Social Hygiene Education**, Maurice A. Bigelow  
 A-157 **Sex Education in America Today**, M. A. Bigelow  
 A-159 **Integration of Sex Character Education with Biology**, M. Funk  
 A-163 **Sex Education for Parent Groups**, Four Lectures, V. H. Parker  
 A-171 **Sex Education in Home and School**, Thomas W. Galloway  
 A-177 **Social Hygiene and the Child**, Valeria H. Parker  
 A-199 **Sex Education in District of Columbia**, M. H. Stohlman  
 A-200 **A College Education for Marriage**. Paul Popenoe  
 A-211 **The School's Responsibility to the Home and the Child**, W. L. Chase  
 A-220 **Education for Marriage**, Max J. Exner  
 A-253 **Should Social Hygiene Associations Engage in Both Syphilis Control and Sex Education?** Arthur W. Towne  
 A-288 **Sex Education in the General Educational System**, Harriet S. Cory  
 A-290 **The School's Responsibility in Social Hygiene Education**. Preliminary Report of a New York State-wide Study Committee  
 A-291 **Program of Sex Education for the Secondary School**, L. A. Kirkendall  
 †A-295 **Social Hygiene Education in High School Biology**  
 A-296 **Teaching Family Life Through Arithmetic**. 5¢  
 †A-325 **Parent-Teacher Associations and Social Hygiene**, Aimee Zillmer

†(single copies free)

## Pub. No.

- A-330 **Health Education in Relation to Venereal Disease Control Education**, M. A. Bigelow. 25¢
- A-349 **Social Life for High School Boys and Girls**, Paul Popenoe
- A-364 **Approach to Sex Education in the Schools**. Mabel Leshner and others  
 — **Sex Education. A guide for Teachers and Parents**. Thomas D. Wood,  
 Marion O. Lerrigo, Thurman B. Rice. 25¢ (*No free copies*)
- **High Schools and Sex Education**, (Revised 1939) B. C. Gruenberg, 20¢  
 (*Order direct from Government Printing Office, Washington, D. C.*)
- **Sex Education Facts and Attitudes**, Child Study Association of America, 35¢

*Marriage and Family Relations*

- 932 **Love, Courtship and Marriage**. Discussion outlines, N. W. Edson. 15¢
- 982 **Marriage and Morals**, Henry Neumann
- A-161 **Education and the Family**, J. Laurence Meader
- A-177 **Social Hygiene and the Child**, Valeria H. Parker
- **Prenatal Care**, U. S. Children's Bureau. 10¢ (*No free copies*)
- A-187 **Marriage—Can It Be Adjusted?** Kenneth D. Johnson
- **Preparing for Marriage**, Paul Popenoe, 25¢ (*No free copies*)
- **Marriage and Sexual Harmony**, Oliver M. Butterfield, 50¢ (*No free copies*)

*Popular Health Instruction*

- A-58 **Congenital Syphilis**, Jessie Marshal. 5¢
- A-62 **Social Hygiene and the Public Mind**, David Resnick
- †A-119 **A-B-C of Syphilis**, 5¢
- A-186 **What You Should Know About Syphilis and Gonorrhoea**, M. J. Exner  
 \$1.00 per dozen, \$7.50 per 100, \$50.00 per 1000
- A-238 **The Medical Charlatan**, \$2.50 per 100, \$15.00 per 1000
- A-239 **That Baby You Love**, \$1.50 per 100, \$10.00 per 1000
- †A-299 **Pharmacy Cooperates**, Joseph L. Stenek. \$1.00 per 100
- A-336 **The Newest Generation**, W. F. Snow

## †Leaflets, \$1.00 per 100, \$5.00 per 1000

- A-102 **"Our family are having their blood tests"**—for Negro groups
- A-130 **Questions and Answers About Syphilis and Gonorrhoea**—for patients especially, but generally useful
- A-194 **Health for Your Baby and You**—for expectant mothers
- A-237 **Jerry Learns a Lesson—Keep Away From Quacks**—for young men

## †Payroll Envelope Stuffers

- A-227 **The Story of Two Men with Syphilis** }  
 A-228 **Syphilis is Everybody's Problem** } 50¢ per 100, \$3.00 per 1000  
 A-236 **Jerry Learns a Lesson** } *Pictograph and cartoon style*  
 A-340 **Industry Guards Against Syphilis** }

*Public Health and Medical*

- A-88 **On the Trail of the Spirochete and Gonococcus**, Joseph Weinstein—  
 (Epidemiology)
- A-89 **Blood Tests for Syphilis**, Alfred Cohn. 5¢
- A-101 **Social Hygiene Nursing Techniques—A Manual of Procedure**, Nadine  
 Geitz. 84 p. 25¢ (*No free copies*)
- A-129 **The Prevention of Congenital Syphilis**, Margaret L. Davis
- A-148 **Gonorrhoea—Stepchild of Medicine**, Edward L. Keyes
- A-170 **Syphilis and Gonococcal Infection in Children**, Walter Clarke
- A-226 **Social Aspects of Syphilis and Gonorrhoea**, Mildred E. Hearsey
- A-230 **Some Problems in the Control of Syphilis as a Disease**, J. H. Stokes
- A-270 **Role of the Private Physician—How Can He Strengthen the Control  
 Program?** Walter L. Bierring
- A-272 **The Five Day Treatment for Syphilis**, C. Walter Clarke
- A-286 **The Chemical and Mechanical Prevention of Syphilis and Gonorrhoea**.  
 Report of the A.S.H.A. and the U.S.P.H.S. Joint Committee. 5¢
- A-339 **How Many People Have Syphilis?** DiMario, Edwards, Clarke
- **A Manual of Information on the Treatment of Syphilis and the Control**

Pub. No.

of Venereal Disease. American Medical Association. 10¢. (*No free copies*)

- A-343 Recent Advances in Diagnosis and Therapy of Gonococcus Infections. Edward L. Keyes
- A-364 What Happens About Early Syphilis in New Jersey. John Hall

*Legal and Protective Measures*

- A-29 A Current View of Prostitution and Sex Delinquency, Bascom Johnson
- A-31 Outline for a Talk on Social Hygiene Legal and Protective Measures, 5¢
- A-146 The Unofficial Grand Jury, Bascom Johnson
- A-150 Facts Behind the Laws, Mary S. Edwards
- A-151 Advice from a Lawmaker, Thomas C. Desmond
- A-152 State Laws and Regulations of State Boards of Health Which Deal With the Venereal Diseases, Bascom Johnson
- A-155 Catholic Attitude Toward Some Hygienic Legislation, Francis P. Cavanaugh. 5¢
- A-198 Protection of Marriage and Childlife Against Syphilis, W. F. Snow, M.D.
- A-207 Nine Months' Experience with the New Jersey Premarital Medical Examination Law, John Hall
- A-242 Prostitution and Quackery in Relation to Syphilis Control, B. Johnson
- A-243 Next Steps in Stamping Out Congenital Syphilis, Mary S. Edwards
- A-250 Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhoea, M. S. Edwards, P. M. Kinsie
- A-281 Community Safeguards in Protection of Youth, E. M. Gane
- A-303 The Case Against Prostitution. 5¢
- A-304 Why Let It Burn. The Case against the Red-light District.
- †A-313 Commercialized Prostitution and Disease Transmission, Walter Clarke
- †A-317 A Law to Protect Marriage from Syphilis. State of California
- †A-318 A Law to Protect Babies from Syphilis. State of New Jersey
- †A-326 Vice Repressive Laws.
- A-363 National Defense and Vice. Bascom Johnson. Survey reprint. 5c
- A-367 More New Laws to Guard Family Health. W. G. Gould. *Free.*  
\$1.00 per 100, \$5.00 per 1,000

*Youth and the Community*

- 959 Case of Youth vs. Society, W. D. Towner
- A-201 A Study of Syphilis in American Colleges, Tumbleson and Ennes
- A-202 Youth Fights Syphilis in a City Health District, Margaret Cummings
- A-361 Getting Started on a Youth Program. *Free.*

*Industrial Problems*

- 931 Industrial Aspects of Venereal Disease Control, James W. Long
- A-261 A Syphilis Control Program in Industry, Carl A. Wilzbach
- A-262 Syphilis in Industry, Theodore Rosenthal
- A-263 Negro Insurance Companies and Syphilis Control, W. G. Tyson
- A-341 Vital to National Defense, Walter Clarke. *A new leaflet for defense industrial workers. Free in reasonable quantities.*
- A-342 Syphilis, Gonorrhoea and National Defense Industries, Walter Clarke
- A-346 Venereal Disease Control Among Defense Workers, R. A. Vonderlehr  
*See also leaflets and payroll stuffers under Popular Health Instruction*
- A-348 Hidden Costs in Industry—for employers
- A-350 Protecting Industry from Venereal Diseases, W. P. Draper

*National Defense*

- A-298 Syphilis, Gonorrhoea and the National Defense Program, Walter Clarke
- A-301 New Jersey Takes Steps to Insure the Welfare of Army Recruits
- A-302 Jim and Bill Go On Leave. Is This Your Town? \$1 per 100, \$5 per 1000
- A-305 So Long Boys—Take Care of Yourselves. *Free for distribution by reliable agencies to young men joining the armed forces.*
- A-306 Minnesota Venereal Disease Control Program in Connection with Military Maneuvers, R. R. Sullivan

## Pub. No.

- A-307 **To Speed Our Defenses**, Dorothy W. Miller  
 A-308 **National Defense and Social Hygiene in Up-State New York**, George J. Nelbach. 5¢  
 A-309 **Program Emphases for Preparedness Conditions**, Ray H. Everett. *Free*  
 A-310 **Preventing Venereal Diseases in Military Concentrations**, C. A. Harper  
 A-311 **The Defense Program in Alabama as it Relates to Social Hygiene**, J. N. Baker. 5¢  
 A-316 **American Communities Face a New Challenge**, Thomas A. Storey. *Free*  
 A-319 **A Church Program for Defense Areas**, Leland Foster Wood  
 A-323 **Defense on the Venereal Disease Front**, Thomas Parran. 5¢  
 †A-324 **A Memorandum to Y. W. C. A. Workers.**  
 A-338 **America's Health Is America's Strength.** *Free*  
 A-347 **Some National Defense Problems of Universities and Colleges**, Thomas Storey. 5¢  
 A-351 **Army Protects Soldiers from Syphilis and Gonorrhea**, A. P. Hitchens  
 A-352 **The Sexual Aspects of Military Personnel**, J. T. Boone  
 A-357 **List of Publications, Films and Exhibits on National Defense.** *Free*  
 A-373 **Building Morale in the United States Army and Navy**, a radio forum by Frederick H. Osborn, Charles P. Taft and Col. William H. Draper  
 A-374 **Hasty Marriage and the Draft.** August J. Street. 5¢  
 A-375 **A New Jersey Community Provides "Good Times in Good Company."** Raymond A. Schroth. 5¢

*General*

- A-180 **The Intelligent Citizen's Guide to Syphilis Control**, Eleanor Shenehon  
 A-183 **The Long Range View—on Syphilis and Other Social Hygiene Problems**, A. M. Schwitalla  
 A-270 **The Challenge of Social Hygiene**, Nathan B. Van Etten  
 A-356 **Social Hygiene Day—A Year Round Project in Health Education.** Jean B. Pinney

**Special Reference Lists**

- A-34 **References of Value—Legal and Protective Measures**  
 A-331 **Selected References on Social Hygiene in Schools**  
 A-344 **Social Hygiene Bookshelf**  
 A-345 **Social Hygiene and the Family Case Worker**  
 A-357 **Publications, Films and Exhibits on National Defense.**  
 A-368 **Seeing and Hearing Social Hygiene—films**  
 A-371 **Social Hygiene Aids for Youth and Youth Leaders**  
 A-372 **Social Hygiene Exhibits**

---

**Spiritual Values in Family Life**, Program Topics and Outlines, 1940-41, has been prepared for the General Federation of Women's Clubs by Dr. Leland Foster Wood, Secretary of the Commission on Marriage and the Home of the Federal Council of Churches of Christ in America. (31 p., 10¢, General Federation of Women's Clubs, 1734 N Street, N.W., Washington, D. C.)

**Family Life, Parenthood and Young People's Relationships**, A Selected Book List, a bibliography prepared by Dr. Wood. (31 p., 15¢, Federal Council of Churches, 297 Fourth Avenue, New York City.)



## THE JOURNAL OF SOCIAL HYGIENE AS PERMANENT REFERENCE MATERIAL

*The Editors of the JOURNAL make a constant effort to publish articles and material of lasting value as well as of current interest. The issues listed are recommended for parents, teachers, librarians, pastors, social workers, physicians, nurses and students of social hygiene.*

Single numbers 35 cents except as otherwise indicated; any three numbers \$1.00 postpaid; any 12, \$3.00. American Social Hygiene Association, 1790 Broadway, New York.

### VOLUME 24 (1938)

**No. 8—Marriage and the State Number—***Shall we break with tradition in marriage laws?*—Paul Cornell. *Facts behind the laws*—Mary S. Edwards. *Premarital and prenatal examination laws*—Bascom Johnson. *Public opinion and New York's "Baby Health Bill"*—Edward C. Kienle. *How the New Jersey law was passed*—John Hall. *Advice from a lawmaker*—Thomas C. Desmond. *Administrative aspects of the prenatal and premarital examination laws*—Walter Clarke. *Catholic attitude toward some hygienic legislation*—Francis P. Cavanaugh. *State laws and regulation of State Boards of Health which deal with the venereal diseases*—Bascom Johnson.

**No. 9—Sex Education and Youth Number—***Sex education in America today*—Maurice A. Bigelow. *Sex education in secondary schools: 1938*—Benjamin C. Gruenberg. *Integration of sex character education with the teaching of biology*—Margaret Stewart Funk. *A college summer session course in sex education*—Frances Bruce Strain. *Education and the family*—J. Laurence Meader. *Sex education for parent groups. A four-lecture outline*—Valeria Hopkins Parker.

### VOLUME 25 (1939)

**\*No. 1—Children's Number—***New opportunities for child health*—Katharine F. Lenroot. *Syphilis and gonococcal infections in children*—Walter Clarke. *Prevention of congenital syphilis*—Margaret L. Davis. *The vaginitis clinic*—Reuel A. Benson and Arthur Steer. *Sex Education in home and school*—Thomas W. Galloway. *Sex offenders against young children: What shall be done about them?*—Ira S. Wile.

**No. 2—Community Number—***The long range view*—Alphonse M. Schwitalla. *The intelligent citizen's guide to syphilis control*—Eleanor Shenehon. *Training of social hygiene personnel, Part I*—R. A. Vonderlehr; *Part II*—Marion Simonson. *Social hygiene publicity aids*—Edward C. Kienle. *Suggestions for organizing a community social hygiene program. Some things a community should know about itself. You can't do it without money!*—Donald C. Dougherty.

**No. 4—Youth and Marriage Number—***Marriage—can it be adjusted?*—Kenneth D. Johnson. *A college education for marriage*—Paul Popenoe. *Youth fights syphilis in a city health district*—Margaret Cummings. *A study of syphilis in American colleges*—Robert C. Tumbleson and Howard W. Ennes.

**No. 5—Legal and Medical Measures Number—***The prostitution "racket"; related health problems; and a suggested remedy*—Bascom Johnson. *Sweden vs. our shadowed land*—Helen Clarke. *Gonorrhea—stepchild of medicine*—Edward L. Keyes. *Nine months' experience with the New Jersey premarital medical examination law*—John Hall.

**\*No. 7—Sex Education in the Schools—***The School's Responsibility to the Home and the Child in Sex Education*—W. Linwood Chase. *Sex Education in*

\* Out of print but available in many libraries.

*the Public Schools of the District of Columbia*—Mary Helen Stohman. *Arousing Teacher Interest in New York City*—Jacob A. Goldberg. *Bibliography—Selected References for Parents and Teachers on Sex Education in Schools.*

\*No. 9—**Social Hygiene in Your Town—Reporting on the 1939 Conference of Social Hygiene Executives**—*Social Hygiene Hold That Line*—Harriet S. Cory. *The Function of the National Agency*—Ira V. Hiscock. *Advances in the Control of Syphilis and Gonorrhoea under the Provisions of the Venereal Disease Control Act*—R. A. Vonderlehr. *Should Social Hygiene Associations Engage in Both Syphilis Control and Sex Education?*—Arthur W. Towne. *Tools of the Trade in Public Health Education*—Philip S. Broughton. *The Children of Your Town*—Valeria H. Parker. *The Youth of Your Town*—Ray H. Everett. *Parents in Your Town*—Newell W. Edson. *How Can the Social Hygiene Society Cooperate: With the Official Health Services of Your Town?*—George J. Nelbach. *With Medical, Nursing and Social Work Groups?*—Jacob A. Goldberg. *In Reaching the Public?*—D. V. Galloway.

### VOLUME 26 (1940)

No. 1—**Social Hygiene Day Number—Side-Partners of Syphilis**—Walter Clarke. *Prostitution and Quackery in Relation to Syphilis Control*—Bascom Johnson. *Next Steps in Stamping Out Congenital Syphilis*—Mary S. Edwards. *A Few Suggestions for Your Club's Social Hygiene Day Meeting Program.* *The Pharmacist's Role in Combatting Syphilis*—Pauline F. Geffen. *Getting Started on a Youth Social Hygiene Program.*

\*No. 2—**Industrial Number—A Syphilis Control Program in Industry**—Carl A. Wilzbach. *Industrial Cooperation in Syphilis Control in New Jersey*—John Hall. *Syphilis in Industry*—Theodore Rosenthal. *Effects of Syphilis on Health and Earning Power*—Alden Lillywhite. *Industrial Plan of the Delta and Pine Land Company of Mississippi*—Oscar Johnston. *Negro Insurance Companies and Syphilis Control*—William George Tyson.

No. 4—**Quackery and Self-Treatment—Public Health Education—Has it Succeeded?**—Walter Clarke. *Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhoea*—Mary S. Edwards, Paul M. Kinsie, Bascom Johnson. *Standards and Ethics of the Pharmaceutical Profession—How Can the Cooperation of the Pharmacist be Obtained*—A. G. DuMez. *Charlatanism in Relation to Syphilis and Gonorrhoea*—Paul C. Barton. *Fourth National Social Hygiene Day*—Eleanor Shenehon.

\*No. 7—**The Schools and Social Hygiene—The Position of Sex Education in the General Educational System**—Harriet S. Cory, M.D. *The School's Responsibility in Social Hygiene Education*—Report of New York Statewide Study Committee. *Building a Program of Sex Education for the Secondary School*—Lester A. Kirkendall. *Health Education concerning Venereal Diseases*—M. A. Bigelow. *Social Hygiene Education in High School Biology (questionnaire).* *Teaching Family Life through Arithmetic*—Grace L. Fish. *Next Steps in Sex Education.*

No. 8—**Social Hygiene and National Defense I. The National Program—Syphilis, Gonorrhoea and the National Defense Program**—Walter Clarke, M.D. *To Speed Our Defenses*—Dorothy W. Miller. *The Relation of the National Defense Program to Social Hygiene*—Harriet S. Cory, M.D. *National Defense and Social Hygiene in Up-State New York*—George J. Nelbach. *Program Emphases for Preparedness Conditions*—Ray H. Everett. *Preventing Venereal Diseases in Military Concentrations*—C. A. Harper, M.D. *Minnesota Venereal Disease Control Program in Connection with Military Maneuvers*—R. R. Sullivan, M.D. *The Defense Program in Alabama As It Relates to Social Hygiene*—J. N. Baker, M.D.

No. 9—**Social Hygiene and National Defense II. A Community Program—How Can Citizens Help to Protect Soldiers and Sailors from Syphilis and Gonorrhoea?** *Introductory Remarks*—Henry Hitt Crane; *The Problem from the Army Viewpoint*—George C. Dunham; *From the Viewpoint of the Navy*—Charles S. Stephenson; *As the United States Public Health Service Sees It*—R. A. Vonderlehr; *The Problem from the Viewpoint of the Voluntary*

*Agency and the Community*—Bascom Johnson. *Social Hygiene Executives Confer on National Defense and Social Hygiene.*

## VOLUME 27 (1941)

**No. 1—Social Hygiene Day Number—American Communities Face a New Challenge**—Thomas A. Storey, M.D. *A Church Program for Defense Areas*—Leland Foster Wood. *New Jersey Takes Steps to Insure the Welfare of Army Recruits. A Memorandum to Y.W.C.A. Workers*—Janet Fowler Nelson. *A Radio Talk: Syphilis—The Deficit in Our Health Defense Budget*—Florence S. Barris. *Parent-Teacher Associations and Social Hygiene*—Aimée Zillmer. *Pharmacy Cooperates*—Joseph L. Stenek. *Program Suggestions. Examples of Special Programs and Projects. New York State NYA Observes Social Hygiene Day.*

**\*No. 2—Venereal Disease Control Education in the Schools—Health Education in Relation to Venereal Disease Control Education**—Maurice A. Bigelow. *Teaching about the Venereal Diseases in a California High School*—Anita D. Laton.

**No. 3—Twenty-Eighth Anniversary Number—Protecting Industry from Venereal Disease**—Warren F. Draper, M.D. *How the Army Protects Soldiers from Syphilis and Gonorrhea*—Arthur Parker Hitchens, M.D. *The Sexual Aspects of Military Personnel*—Joel T. Boone, M.D. *The Snow Medal Is Awarded to Mrs. Neville-Rolfe. Dr. Yarros and Dr. Cumming Receive Honorary Life Memberships. The Five Regional Conferences. Social Hygiene Day Greetings. The Annual Business Meeting in New York. Notes on 1940.*

**No. 4—Social Hygiene and National Defense III. An Industrial Program—Syphilis, Gonorrhea, and National Defense Industries**—Walter Clarke. *The Control of the Venereal Diseases among National Defense Workers.*—R. A. Vonderlehr. *Protection of Soldiers, Sailors and Workers from Syphilis and Gonorrhea: I—From the Standpoint of the Public Health Officer*—Millard C. Hanson; *II—The Citizen's Part*—Rogers Deakin. *A Layman's View*—Philip R. Mather. *Syphilis and Industry in New Orleans*—George E. Schneider. *Social Hygiene Day: A Year-Round Project in Health Education*—Jean B. Pinney.

**No. 5—Social Hygiene and National Defense IV. A Youth Program—Building Morale in the United States Army and Navy**—Frederick H. Osborn, Charles P. Taft and William H. Draper. *Hasty Marriage and the Draft*—Augusta J. Street. *A New Jersey Community Provides "Good Times in Good Company" for Its Soldier Visitors*—Raymond A. Schroth. *Some National Defense Problems of Universities and Colleges*—Thomas A. Storey. *The National Youth Administration Health Program. NYA Groups Observe Social Hygiene Day in New York State. Getting Started on a Youth Social Hygiene Program.*

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

"Weapons, munitions, ships, planes, motor transports and thousands of other items are vital to national defense. Their production depends upon healthy men who are equally vital to national defense.

"The greatest causes of sickness and lost time among workers are diseases not necessarily connected with industry and most of such diseases are preventable.

"One of the great problems confronting industrial management is to give sufficient attention to the subject of syphilis and gonorrhea among their forces to the end that the employees may have the benefit of instruction and that cases of such infections may be discovered and adequately treated."

*Safety Engineering, June, 1941*

Dr. Jacob A. Goldberg, devoting his column on industrial hygiene in the June issue of *Safety Engineering* magazine to syphilis in industry, summarizes the Association's industrial program and offers assistance to defense industries in educating workers about syphilis and gonorrhea. During the past month, industrial and labor publications have carried a number of stories about the venereal disease campaign urging industry to bring information about venereal diseases to their workers. The Association's publicity service has scheduled a number of articles for release to these publications during the coming months and our industrial field staff has planned a number of summer visits to industrial plants. A recent release to labor publications presents the problem as follows:

"Organized labor has long recognized that good health is essential to the welfare and happiness as well as the efficiency of the worker. Particularly in these times every worker wants to be on the job and to draw his pay regularly. Syphilis, more widespread in times of emergency, may interfere with the worker's desire to stay on the job. Four million people in the United States are afflicted with this disease. Studies made in different industries have given factory prevalence rates varying from 1.5 per cent to 16 per cent."

Waldemar Kaempffert, in his section *Science in the News* in the *New York Times* (Sunday, June 15), reporting the Association's survey of syphilis in the United States, says: "In a survey of its own, in which care was taken to sample nationally, it reaches the conclusion that there are about 4,500,000 positive cases of syphilis. Syphilis still remains a glaring social menace."

The *New York Times* on June 26 devoted a full column statement to a discussion of figures recently released on venereal diseases among men examined for the Army. Surgeon General Thomas Parran is quoted as saying that 63,000 of the first million men examined were infected with venereal

disease, but that preliminary figures indicated there was only one-seventh as much serious, clinical syphilis and about one-third as much gonorrhea in the nation as in 1917. The Division of Venereal Diseases of the U. S. Public Health Service is urging all possible precautions against venereal diseases in boom towns where defense projects are operating, and Dr. R. A. Vonderlehr, chief of the Division, warns: "If this is not done, the nation might discover in twenty-five years that it had lost all the gains made in combating venereal disease since the last war." . . . In an editorial the next day, June 27, under the heading of *Syphilis and Defense*, the *Times* refers to the recent A.S.H.A. study **How Many People Have Syphilis?** and says: "If they (venereal diseases) were made reportable in every state, if each source of infection were run down, the American Social Hygiene Association would have only a few hundred instead of millions of cases to report. Not until we handle syphilis and gonorrhea exactly as we handle scarlet fever, typhoid and diphtheria are we likely to solve the problem."

**Plain Facts**, the Association's new motion picture, recently released for distribution, makes an earnest plea for spreading information about syphilis and gonorrhea. "These are the plain facts which everyone should know about syphilis and gonorrhea. Remember they are preventable and curable. Tell others the plain facts about these infections and so help to make life healthier and happier for everyone."

Jonathan Daniels, publisher of the *Raleigh News and Observer*, speaking before the National Conference of Social Work in Atlantic City, told his audience the confusion that sprang up in 200 defense centers is rapidly disappearing. "Congress is providing funds to relieve the pressure of bulging towns. Workers will be housed and hospitalized. In the army camp towns, naval cities and industrial centers, dirty cafes will be cleaned. Bad girls will be driven away." *Atlantic City Press*, June 5.)

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- CAUSE AND GROWTH OF CANCER. Louis F. Fieser, Stanley P. Reimann, Peyton Rous, Warren H. Lewis, Margaret R. Lewis and Baldwin Lucke. University of Pennsylvania Press, Philadelphia, 1941. 64 p. 75¢.
- CLINICAL NURSING IN MEDICINE. Julius and Deborah MacLurg Jensen. New York, Macmillan Company, 1941. 808 p. \$2.25.
- THE CORRECT THING—TO DO, TO SAY, TO WEAR. Charlotte Hawkins Brown. Sedalia, N. C., published by the author, 1940.
- THE DOCTOR TAKES A HOLIDAY. Mary McKibbin-Harper. Cedar Rapids, Ia., Torch Press, 1941.
- DOCTORS DON'T BELIEVE IT—WHY SHOULD YOU? August A. Thomen, M.D. New York, Simon and Schuster, 1941. 384 p. \$2.50.
- MAGAZINES FOR HIGH SCHOOLS. Laura Katherine Martin. New York, H. W. Wilson Co., 1941. 161 p. \$1.75.
- PLAY FOR CONVALESCENT CHILDREN IN HOSPITALS AND AT HOME. Anne Marie Smith. New York, A. S. Barnes and Co. 133 p. \$1.60.
- SOCIAL SCIENCE PRINCIPLES IN THE LIGHT OF SCIENTIFIC METHOD. Joseph Mayer. Durham, N. C., Duke University Press, 1941. 573 p. \$4.00.
- SOCIOLOGY AND SOCIAL PROBLEMS IN NURSING SERVICE. Gladys Sellew. Philadelphia, W. B. Saunders Co., 1941. 344 p. \$2.75.
- SOCIOLOGY APPLIED TO NURSING. Emory S. Bogardus and Alice B. Brethorst. Philadelphia, W. B. Saunders Co., 1941. 294 p. \$2.50.
- START TODAY. Your Guide to Physical Fitness. Ward C. Crampton. New York, A. S. Barnes and Co., 1941. 224 p. \$1.75.
- THUS BE THEIR DESTINY. The Personality Development of Negro Youth in Three Communities. J. Howell Atwood, Donald W. Wyatt, Vincent J. Davis and Ira D. Walker. Prepared for American Youth Commission. American Council on Education, Washington, D. C., 1941. 96 p. 75¢.

### PAMPHLETS

- ANNOTATED LIST OF SIMPLIFIED MATERIALS IN PARENT EDUCATION. Grace Powers Hudson. Revised. Family Life Education Service of American Home Economics Association. 25¢.
- ANNUAL REPORT FOR 1940. New York Tuberculosis and Health Association. New York, N. Y.
- BUILD VITAL CATHOLIC FAMILIES. A Bibliography. National Catholic Welfare Conference. Washington, D. C.
- FORWARD TO HEALTH. The Story of Ten Years in Westchester's Program for a Healthier Community. White Plains, 1941.
- GONORRHEA AND SYPHILIS—TWO DISEASES YOU DON'T HAVE TO HAVE! Massachusetts Society for Social Hygiene, Boston, 1941. 12 p.
- ILLINOIS SOCIAL HYGIENE LEAGUE ANNUAL REVIEW. 9 East Huron Street, Chicago.
- KEEP THIS DOOR OPEN. Report of Girls' Service League of America.
- KNOW YOUR COMMUNITY. As a Basis for Understanding the School's Problems. Leaflet No. 57 *Know Your School Series*. U. S. Office of Education, 1941. Orders filled by U. S. Government Printing Office, Washington. 35 p. 10¢.
- MAKE LOVE A HABIT. Paul Popenoe. Reprint from *Hygeia*. American Medical Association, Chicago, April, 1941. 4 p. 5¢.

- OUR ADVENTURES WITH CHILDREN. Reprints from *School Life*, Vol. 26. U. S. Government Printing Office.
- PARENTS WANTED. Buffalo Council of Social Agencies. 23 p. 10¢.
- PREMARITAL COUNSELING IN THE PHILADELPHIA MARRIAGE COUNSEL. Emily Hartshorne Mudd, Charlotte Hume Freeman and Elizabeth Kirk Rose, M.D. 253 S. 15th St., Philadelphia. 10¢.
- REPORT OF NATIONAL MATERNAL AND CHILD HEALTH COUNCIL, March, 1941.
- REPORT OF THE NATIONAL RESEARCH COUNCIL. July 1, 1939-June 30, 1940. U. S. Government Printing Office, Washington, D. C., 1941.
- SIXTY-THIRD ANNUAL REPORT OF THE NEW ENGLAND WATCH AND WARD SOCIETY. 1940-41.
- SOCIAL WELFARE 1940. State of New York Board of Social Welfare Annual Report for the Year 1940. Legislative Document (1941) No. 68.
- STATISTICAL AND SOCIAL IMPLICATIONS IN THE PROBLEM OF OUR AGING POPULATION. Louis I. Dublin. University of Pennsylvania Bicentennial Conference. 16 p.
- THE DOCTOR SAYS—A Blood Test Before Marriage Is Good Health Insurance. VD Folder No. 4 of U. S. Public Health Service. Order from Government Printing Office, Washington. \$1.00 per 100.
- THE THREE LITTLE BUGS. Hobart Dean Belknap, M.D. Arcady Press, Portland, Ore., 1941.
- THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CITY OF NEW YORK ANNUAL REPORT, 1940.

#### IN THE PERIODICALS

- AMERICAN JOURNAL OF PUBLIC HEALTH. Albany, May, 1941. *Use of the Culture Method in the Clinical Management of Gonorrhoea*. By George Sewell, M.D., Emilie Clarke, M.D., Dr.P.H. and Everett Nelson. p. 457.
- THE BRITISH JOURNAL OF VENEREAL DISEASES. London, January-April, 1941. *Blood-Dyscrasia in the Treatment of Venereal Diseases*. By E. T. Burke. p. 125.
- London, January-April, 1941. *Developments in the Treatment of Syphilis with Artificial Fever Therapy combined with Chemotherapy during the Past Decade*. By Walter M. Simpson, H. Worley Kendell and Donald Rose. p. 1.
- London, January-April, 1941. *General Discussion on Tryparsamide and Stovarsol*. p. 118.
- London, January-April, 1941. Re-infection or Super-Infection in Neurosyphilis. By A. O. F. Ross. p. 175.
- London, January-April, 1941. *Stovarsol in the Treatment of Congenital and Acquired Syphilis*. By David Nabarro. p. 87.
- London, January-April, 1941. *Tryparsamide in Neurosyphilis*. By R. C. L. Batchelor. p. 67.
- BULLETIN OF FAMILY RESEARCH AND EDUCATION. Poughkeepsie, N. Y., April-June, 1941. A Community Program in Education for Home and Family Living in Wichita, Kansas. By Rose Cologne. p. 9.
- BULLETIN OF GENITOINFECTIOUS DISEASES. Boston, February, 1941. *Epidemiology in the Control of Syphilis*. p. 3.
- BULLETIN OF THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER. New York, June, 1941. *Encouraging Aspects of Cancer Control*. By Frank E. Adair, M.D.
- CLEARING HOUSE NOTES. National Maternal and Child Health Council, Washington, June 5, 1941. *National Nutritional Conference for Defense*. p. 1.
- FORTUNE. New York, May, 1941. *U. S. Public Health Service*. p. 80. *U. S. Health Officer*. p. 84.
- JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION. Easton, Pa., March, 1941. *What Happens to Sulfonamides in the Body*. By Richard A. Deno, Ph.D. p. 127.
- JOURNAL OF THE MEDICAL ASSOCIATION OF ALABAMA. Montgomery, February, 1941. *A Syphilis Control Program in a Mining Community*. By R. L. Stewart. p. 265.
- LADIES' HOME JOURNAL. May, 1941. *Plan Your Children's Sex Education*. By Ernest L. Groves. p. 92.

- MEDICAL RECORD. May 7, 1941. *The Influence of Vitamin C on the Therapeutic Activity of Bismuth, Antimony and the Arsenic Group of Metals.* By Simon L. Ruskin, M.D. and Miron Silberstein, M.D.
- NATIONAL PARENT-TEACHER. Chicago, June, 1941. *How Successfully Is the Community Utilizing Its Human Resources?* By Paul V. McNutt. p. 4.
- PENNSYLVANIA PUBLIC INSTRUCTION. Harrisburg, May, 1941. *Defense Training Continues to Advance.* p. 2.
- PUBLIC HEALTH NURSING. New York, July, 1941. *What Is Good Social Hygiene Nursing?* By Ruth Freeman, R.N. p. 404.
- READERS DIGEST. Pleasantville, N. Y., June, 1941. *An Epoch-Making Cure for Gonorrhoea.* By Paul de Kruif. p. 15.
- REPORT OF SOCIAL HYGIENE DIVISION OF DETROIT DEPARTMENT OF HEALTH. May, 1941. *Detection of Gonorrhoea in Women under Treatment for Syphilis.* p. 1.
- RESEARCH STUDIES OF THE STATE COLLEGE OF WASHINGTON. Pullman, Wash., March, 1941. *The Adjustment of Family Life to Its Physical Shelter.* By Svend H. Riemer. p. 49.
- SOCIAL FORCES. Baltimore, University of North Carolina Press, May, 1941. *Education for Family Life and National Defense.* By Ernest R. Groves. p. 519.
- SOCIAL PROGRESS. Presbyterian Church, Philadelphia, May, 1941. *Camp Community Service.* By Cameron P. Hall. p. 23.
- SOCIAL SERVICE REVIEW. University of Chicago, June, 1941. *Social Work and National Defense.* By Wayne McMillen. p. 265.
- THE FAMILY. New York, July, 1941. *Service to Selective Service Boards.* By Enid Cole Bashford. p. 157.
- THE MILITARY SURGEON. Washington, June, 1941. *A Study of Syphilis as an Etiological Factor in Arteriosclerosis and Arterial Hypertension.* By H. C. Harris, M.D. p. 642.
- VENEREAL DISEASE INFORMATION.
- U. S. Public Health Service, Washington, D. C. March, 1941. *Extragenital Chancroid.* By Robert Brandt, M.D., Everett S. Sanderson, M.D. and David V. Hicks, M.D. p. 89.
- March, 1941. *Progress in the Control of Venereal Diseases in Virginia.* By Otis L. Anderson, M.D. p. 77.
- May, 1941. *The Toxic Dose of Mapharsen Given by the Continuous Drip Method.* By Harold J. Magnuson, M.D. and B. O. Raulston, M.D. p. 157.
- May, 1941. *Evaluating a Serologic Test for Syphilis in a Metropolitan Community.* Nathan Nagle and J. C. Willett, D.V.M. p. 167.

## ANNOUNCEMENTS

Last Month.—Demand for articles appearing in the May JOURNAL, Number IV of the series on *Social Hygiene and National Defense*—(*A Youth Program*) results in the following reprints: *Building Morale in the United States Army and Navy*, a radio forum by Frederick H. Osborn, Charles P. Taft and Col. William H. Draper, is Pub. No. A-373 . . . 10 cents. . . . Mrs. Street's *Hasty Marriage and the Draft* is A-374, and *A New Jersey Community Provides "Good Times in Good Company"* by Raymond A. Schroth, is A-375 . . . five cents each for these two. . . . Educators, recognizing the voice of experience in Dr. Thomas A. Storey's *Some National Defense Problems of Universities and Col-*

*leges* (A-347), are calling for a good many extra copies, but we still have some left if you ask promptly. . . . *This one is free.* . . . No charge either for *The National Youth Administration Health Program* (A-376) nor for *Getting Started on a Youth Social Hygiene Program* . . . the handy bibliography *Social Hygiene Aids for Youth and Youth Leaders is also free.* . . . But let us know your needs early. . . . They go fast! A few copies of the whole issue may still be had at 35 cents each postpaid.

This Month.—Hundreds of public and special libraries receive the JOURNAL OF SOCIAL HYGIENE regularly. If your neighborhood library does not, how about passing

on to your librarian, when you are through with it, this *Ninth Annual Library Number?* Its planned for reference use the year round. . . . Two important articles from it have already been preprinted for general circulation: *How Many People Have Syphilis?* by DiMario, Edwards and Clarke, (A-339; 10 cents) was the subject of special favorable comment in the *New York Times* and other newspapers recently. . . . *More New Laws to Guard Family Health*, by George Gould (A-367), provides a brief, up-to-date and widely used summary of premarital and prenatal legislation. . . . *Single copies free of this one. \$1.00 per hundred.* . . . *The Social Hygiene Bookshelf and Classified List of Pamphlets* are the latest revisions of these standard bibliographies and are available in folder form. . . . *N.B. Call the attention of your librarian particularly to the JOURNAL OF SOCIAL HYGIENE as Permanent Reference Material.* pp. 309-11. Lots of useful items listed here.

**Summer Siesta.**—The JOURNAL as usual omits July, August and September issues this year. The SOCIAL HYGIENE NEWS, however, continues its monthly rounds. Summer numbers will contain new lists and descriptions of A.S.H.A. films and exhibits, which will also be printed in folder form as usual. *Seeing and Hearing Social Hygiene* (films) will be Pub. No. A-368, and *Social Hygiene Exhibits*, Pub. No. A-372.

**In the Fall.**—The October JOURNAL is planned as a number on *Social Hygiene and the Schools*, to contain among other things reports from the New Jersey Social Hygiene Association's Education Committee, Dr. Mabel Leshner, Chairman, on ways and means of presenting material on sex and family life in public schools. . . . One of these reports, *An Approach to Sex Education in the Schools*, is already available in preprint form . . . Pub. No. A-364 . . . 10 cents. . . . November, planned as a *Legal Number*, is expected to carry a summary of state premarital and prenatal examination laws and their effects. . . . The December JOURNAL is tentatively assigned as a *Defense Number*, with new material on industrial problems.

**Dr. Snow's Special Pamphlet Series.**—The Publications Service is a little vain about the flattering comments evoked by this gay colored illustrated edition. The set of three pamphlets *Health for Man and Boy* (A-327), *Women and Their Health* (A-328) and *Marriage and Parenthood* (A-329) costs

25 cents, \$2 per dozen sets, \$12.50 per 100 sets, \$60 per 1,000 sets. The first run of 20,000 sets is going fast . . . better send in orders for next Fall and Winter during the Summer months so that printing can be taken care of before the Fall rush season is upon us.

**Plain Facts**, One-reel talkie just released for community and industrial groups may be secured for review purposes *without charge*. . . . This addition to the A.S.H.A. series of educational films was made in response to numerous requests for a short sound picture to cover the same ground as the time-tried silent films *Veneral Diseases* and *Social Hygiene for Women*. . . . The first half of the film describes syphilis . . . the last half of the reel tells about gonorrhoea. . . . See July SOCIAL HYGIENE NEWS for further details, or ask for special circular. . . . *Running time is 10 to 12 minutes . . . price, 35 mm, \$75; 16 mm. \$50. Rental per day (aside from free review offer) \$5.00. Since the supply of review prints is limited, it will help if you arrange for as many groups as possible to review the film at the same time.*

**Defense Information and Education Aids.**—A new circular (Pub. A-362), illustrates the eight posters of the new exhibit, *Social Hygiene and National Defense*, showing how syphilis and gonorrhoea threaten our defense efforts and the plan for combating these diseases. The exhibit comes in two sizes: 17" x 22", *unmounted, \$1.00 per set; same size, mounted, \$3.00 per set; 8½" x 11", 10 cents per set, 80 cents per dozen sets.* . . . The four *National Defense* numbers of the JOURNAL (November—*The National Program*; December—*A Community Program, 1940, April—An Industrial Program* and May—*A Youth Program*, . . . see p. 311) are indispensable as source material, \$1.00 *post-paid for the four issues.* . . . Two new headings, *Industrial Problems* and *National Defense*, in the *Classified List of Social Hygiene Pamphlets* (see pp. 307-8) will lead you to other sources of information. . . . A free bibliography (Pub. No. A-357) lists *Publications, Films and Exhibits on Social Hygiene and National Defense* in condensed form. . . . *In Defense of the Nation*, the new A.S.H.A. film, released on April 1, and already widely known, is described and illustrated in Pub. No. A-335. The text of the script, a convincing story, Pub. No. A-334, is available without charge in reasonable quantities to purchasers of the film, for audience distribution.



# Journal of Social Hygiene

Social Hygiene and National Defense. V.

The Attack on Commercialized Prostitution

## CONTENTS

Editorial.....	William F. Snow.....	317
An Address.....	Fiorello H. LaGuardia....	321
The Prostitution Racket Today.....	Paul M. Kinsie.....	327
Laws Against Prostitution and Their Use.....	George Gould.....	335
The May Bill Becomes Law.....		344
Mobilization for Social Protection.....	Bascom Johnson.....	346
Social Protection for Girls and Women.....	Alice S. Clements.....	350
Prostitution Abatement in a Venereal Disease Control Program.....	G. F. McGinnes and Henry Packer.....	355
The Suppression of Commercialized Prostitution in the City of Vancouver.....	Donald H. Williams.....	364

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM

WILLIAM F. SNOW

EDWARD L. KEYES

JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*

WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.  
BERTHA M. SHAFER, M.D., *Field Consultant*

SOUTHERN STATES DIVISION: New Orleans, La.

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.  
W. FORD HIGBY, *Field Consultant*

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311  
MRS. GERTRUDE R. LUCE, *Field Secretary*

# Journal of Social Hygiene

VOL. 27

OCTOBER, 1941

NO. 7

**Social Hygiene and National Defense. V.**

**The Attack on Commercialized Prostitution**

## EDITORIAL

The articles in this issue of the JOURNAL have not been published as patterns of action but rather to illustrate concretely various ways and means by which states and their cities and counties are endeavoring to repress commercialized prostitution and related environmental conditions. The twenty-seven volumes of the JOURNAL OF SOCIAL HYGIENE are filled with other helpful accounts of activities and results of past years. Naturally the transition from existing conditions to an ideal program requires community leadership, study, and in most places state and Federal assistance. The securing of practical results in this phase of National Defense, as in all other defense activities, demands organization on a nation-wide basis with plans for practical adaptation of the program to individual city, county and state resources and needs.

In 1916, shortly before the United States declared war, there was little experience on which to build; public understanding and cooperation were limited; there were no Federal funds or organization through which aid to the states could be given; and commercialized prostitution with all its attendant evils was highly organized and flagrantly promoted in all parts of the country. Yet before the end of the World War all this had given way to conditions which brought about historically low Army and Navy venereal disease rates, together with a maximum maintenance of law and order and a minimum of civilian venereal disease infections. With the advent of peace, and the withdrawal of Federal leadership and appropriations for assistance to the states, this demonstration of successful nation-wide action in behalf of health and social order began to disintegrate. There ensued a period of years during which the American Social Hygiene Association and its state and local voluntary affiliates had a hard struggle to keep local interest alive. The public appeal had to be shifted from the needs of a nation at war to the needs of individual communities at peace. The loss of Federal assistance to health departments and clinics for venereal disease patients was paralleled by loss of financial assistance for detention homes and of personnel engaged in promoting rehabilitation of girls drawn into prostitution. The close relations and correlation of such facilities to recreation and constructive use of leisure time lapsed. Gradually the whole program which had yielded such noteworthy results in wartime became limited to individual community action with little or no encouragement or assistance from the states or Federal government during the depression periods.

In 1936-37, with the challenging leadership of Surgeon General Thomas Parran and the Social Security Act's provision including renewal of Federal assistance to the states for venereal disease control work, there was a Renaissance in public health and medical measures for combating syphilis. Further research in the diagnosis, treatment and public health aspects of gonorrhoea was undertaken. The public revived its interest and its efforts to deal with commercialized prostitution as a serious factor in spreading the venereal diseases.

The passage of the LaFollette-Bulwinkle Act of May, 1938, providing for continued Federal assistance to the states for venereal disease control work, assured steady progress and expansion of the program.

In 1940 when the National Defense program began to crystalize into action, it became apparent that the vigorous measures for public health and medical control of syphilis and gonorrhoea must be paralleled by equally effective social and legal measures for repression of prostitution. It was recognized that both these fields of activity must be carefully coordinated with general health, recreation, and related defense activities inside and outside Army, Navy, and war-essential industrial establishments. As the national voluntary agency dealing particularly with these health and social phases of community environment, the American Social Hygiene Association in cooperation with the American Legion and other voluntary organizations undertook to explain to communities the need for reenactment by Congress of the Act making prostitution a Federal offense in the vicinity of Army and Navy establishments. The public promptly assured Congress and the Administration of its desire to have such legislation in force for the period of the Selective Service Act. The May act, signed by the President July 11, 1941, resulted; and the Secretaries of War and Navy, and the Federal Security Administrator were thereby authorized to take such steps as they deem necessary to carry out the provisions of the Act. Other departments—particularly the Department of Justice—are required to cooperate.

Each of these forward steps has been accompanied by prompt cooperation of the United States Public Health Service and the state and territorial health departments, and such assistance as could be given by the Army and Navy authorities, and civilian officials in states having important defense projects under way. To keep this work expanding and growing in efficiency, Governor Paul V. McNutt, the Federal Coordinator of Health, Recreation and Related Activities, and the Assistant Coordinator, Charles P. Taft,

have established a Division of Social Protection with a central office for guidance and clearing house functions, and a field staff of regional workers for close contact and assistance to state and local officials and agencies. All this is being coordinated with the recreation and other divisions of the Office of the Coordinator, and with the Public Health Service Division of Venereal Diseases and related divisions, the Joint Army and Navy Committee on Recreation, and the work of Army and Navy morale officers, and other Federal administrative offices. This Social Protection Division has also established close relations with the United Service Organization, the American Social Hygiene Association, and other national voluntary agencies concerned with related activities.

There has thus been created for the period of the present national emergency a modified and expanded program which comprises the essentials of the World War activities of the Army and Navy Training Camp Commissions, the United States Interdepartmental Social Hygiene Board, the American Social Hygiene Association, and other voluntary organizations. The experience of that period and of the intervening years has proved helpful in developing the present plans and program; and the continuous informational program has prepared the public for nation-wide action which was not possible during the World War period. There is every reason to expect a great increase in the benefits to National Defense which will accompany the current program, and also great permanent advances which will not be endangered by dismantling the emergency organizations.

The members and friends of the American Social Hygiene Association may take satisfaction in the important part which the Association has had the privilege of playing in this growth and development of the social hygiene movement. Continued financial support and such expansion of its personnel as may be necessary will ensure its successful participation through the remainder of the emergency.

WILLIAM F. SNOW, M.D.

*Chairman, Executive Committee  
American Social Hygiene Association*

## AN ADDRESS \*

HON. FIORELLO H. LAGUARDIA

*Mayor, City of New York; President, National Conference of Mayors; and United States Director, Office of Civilian Defense*

Mr. Chairman, Ladies and Gentlemen: I think my office got a little confused this morning. I was under the impression as I was riding up from City Hall that I was going to address a leather or a furniture convention, and I got here and met Hugh Jackson, and he gave me the program! (*Laughter*) I see I am to speak on the *Protective Measures to Prevent the Exploitation of Uniformed Men and Industrial Defense Workers by Commercialized Vice*.

Of course, the subject affords ample opportunity to take up the entire question of public health in emergency periods. Naturally, we are far better prepared at this time to cope with the health problem than we were in 1917, that is, if we profit by the mistakes that were made then, and also by the experience which was acquired at that time.

We cannot escape new responsibilities and new problems, brought about by the state of emergency. The problem is not new—that of the exploitation by commercialized vice of any large number of men who are camped or concentrated at a given point. It really doesn't make any difference whether they are in uniform or just meeting socially. The problem is there. There is no use trying to ignore it, as it was ignored at one time.

In discussing these problems, under a state of emergency, we must be realistic. In discussing them and in studying them, it doesn't necessarily follow that the moral question is ignored. Naturally, everyone has the moral question in mind, but we have to approach the situation so directly that sometimes it would seem as though there is a certain callous-

\* Delivered before the annual meeting of the State and Local Committees on Tuberculosis and Public Health, New York State Charities Aid Association, New York City, May 21, 1941.

ness or indifference to moral issues. Of course, that is not true.

The United States Government has taken the first step. I believe only a few days ago the law was enacted,<sup>1</sup> I am not sure whether it has passed the Senate or not, as yet—but, I guess it will. (*Laughter*) Of course, there is no patronage there. (*Laughter*)

But the subject, of course, is in mind, and I think the bill which left the House is a great improvement over the bill we had in 1917. The problem is not new, as I said, and ever since we have had any record of organized armies and the movement of troops, this problem has existed. It existed in the early days and it existed in the Middle Ages, and it existed all through the World War.

Napoleon had considerable trouble with it, and no attempt was made to prevent it. It was sort of tolerated and accepted as perhaps one of the necessary evils. Since that time, of course, we have learned the demoralization, as well as the effect on the health of the army, which in turn reflects on the health of the community; and the problem cannot be ignored and it must be approached not only vigorously, but scientifically.

There is danger—and it does exist everywhere, whether in this country or elsewhere, whether in this state or in other states, if you have a large concentration of troops—that prostitution will exist, and it must be very carefully guarded against and effective measures taken to prevent it.

Along with prostitution, of course, you have the confidence men and you have gambling. That is true whether you have a county fair or any other place where people gather in large numbers.

The May Act now pending in Congress<sup>1</sup> will provide that both the Army and Navy can designate a zone around the camp and prohibit prostitution in that zone. I think there is

<sup>1</sup> The reference is to H. R. 2475, the May Act, at the time of this address pending before the Senate, providing for prohibition of prostitution in the vicinity of Army camps and Naval bases. The bill has since been passed and was signed by the President July 11, 1941.



sufficient authority now to designate any given building or street, as prohibited territory, and to keep the troops away from such territory. The military policing has been established and we have no difficulty or conflict between the civil and military authorities on that. If we have a large concentration of troops in and around New York, you would naturally see many M.P.'s patrolling the streets, not interfering at all with law enforcement, their only duty being to regulate the conduct and the orderliness of the soldiers and sailors themselves. There is absolutely no conflict there.

Besides the complete prohibition and outlawing of prostitution around the camps, just writing a law is not sufficient. There must be enforcement, and at this time, as I look at the map of the location of the various large camps, I see almost no communities that could police themselves in and of themselves, without aid from the Federal Government. Because, when we talk about the policing of prostitution, we do not just mean an officer with a night-stick and a police court. It is something a great deal more than that, because in the enforcement of laws against prostitution, as we understand them now, there is a concomitant, and that is the public health side and the proper treatment of the victims, and the proper care, as well as the rehabilitation of the women after conviction.

That is easy to say, but it is very costly and there isn't a city in the country where these camps are located that has either the funds or the facilities to carry on that work.

Therefore, the United States Government—and I hope the duty is assigned to the United States Public Health Service in so far as the medical side of it is concerned—will have to step in and bring aid to all of these communities.

I want to make it clear that in the enforcement or administration of the law, no one gives any encouragement or justifies any thought that the situation will be tolerated. Prostitution cannot be placed under control under such conditions. It must be prohibited, and although you have the most rigid and effective and efficient enforcement by police, whether civil or military, it will still creep through; and

that it creeps through is in all likelihood very dangerous, because of venereal diseases.

Therefore, in any effective means of enforcement, in the protection of the health of these men, I hope that the law will be sufficiently broad to reach out and hold responsible every one directly or indirectly connected with the problem. By that I mean not only the unfortunate women themselves and their procurers, but also whoever manages the establishment.

But I don't stop there. The landlord also must be held responsible, and I don't stop there. I also go as far as the mortgagee, because we must be very frank about this. Experience has taught us—and there isn't the slightest doubt—that when property is used for purposes of prostitution or for any unlawful purposes, there is a direct benefit to the owner of that property. Rents go up, and very few owners of property do not know what happens on their own property. There is no question about that.

It is in the laws of the state of New York, that where an arrest is made for the practice of prostitution on particular premises, notice is immediately given to the landlord and to all parties having any financial interest in that property. Naturally, it can't be on suspicion; conviction must follow or the fact be absolutely determined. Whereupon notice is given to the owner of the property to vacate the property of the undesirable tenants. If necessary, a police officer is put right on the premises. We do that in New York City all of the time, and it is very, very effective. They don't like police officers on their properties!

When there is an insistence upon using the property for unlawful purposes, naturally, indictment follows and they have no complaint.

In these communities near big camps, clinics would have to be established. A large number of the women would be found infected with venereal disease. They must be cured. That is costly. After the cure, provision must be made to send them back to their own homes. It goes without saying that it certainly would be most destructive if the policing

stopped at the mere arrest or chasing the women out of the community and turning them back into circulation, infected with disease. That wouldn't be any sort of enforcement at all. Therefore, following an arrest, whether convicted or not, if the woman is found infected with venereal disease, provision must be made for her complete cure. Under modern practice of medicine, that is not very long, whether gonorrhoea or syphilis. That must be done, and the girl should not be sent back home while infected.

I repeat, the Government will have to find the funds to carry on the clinics for the cure, as well as arrange for the "repatriation" and care of these people. These unfortunate women must not be turned loose with the words, "Get yourself a job." There must be a certain amount of help and cooperation and supervision given to these women. It will be quite a large task, but it will have to be done.

The men of the armed forces are examined by their own physicians from time to time, and proper provision is made for treatment.

With the experience that we have, and have had during the last war, and the progress made in medicine since that time, the problem really isn't an impossible one, as it might seem. It does require a realistic approach, and it does require an enormous amount of money for administration of the necessary procedures.

It is well to know that the Government has the problem in mind. All organizations and all individuals who are interested in public health naturally will be called to contribute some effort and some time and some work in one way or another. Part of the program or responsibility of the Office of Civilian Defense will be just this subject, although the public health generally is not under the jurisdiction of the Office of Civilian Defense. When I say "jurisdiction," I speak knowingly of the situation in Washington, although I am not very good at sticking within small confines, (*laughter*) and I will have to adjust myself to that.

In New York State, though, I believe that the best efforts that your organization, and like organizations, can contribute

is to be alert on the general problem of public health, and not to permit any of the gains made to be lost, or any lowering of the standards.

Although we may go into a most difficult period, nevertheless the country will live and will continue, and some time this terrible condition must end, and when it does end, we must pick up where we left off, without any loss, without going backward one bit, and then continue our work that has been so well started and on which so much progress has been made within the very last few years.

I know it is pretty difficult to speak to an audience of this kind. All I can do is to come here and just show how much more you know about the subject than I do! (*Laughter and applause*)

### Aids in the Attack on Commercialized Prostitution

*For additional lists of books, pamphlets, exhibits and other materials write to the American Social Hygiene Association, 1790 Broadway, New York, N. Y.*

#### Books

Digest of Laws and Regulations relating to the Prevention and Control of Syphilis and Gonorrhea in Forty-eight States and the District of Columbia. Bascom Johnson. 438 pages. \$5.00. Revised edition, including laws to June, 1941, now in preparation. Supplemental sheets for looseleaf insertion will be furnished at cost to owners of original edition.

Digest of State and Federal Laws dealing with Sex Offenses, with notes on the control of the sale of alcoholic beverages as it relates to prostitution activities. By Bascom Johnson, George Gould and Roy E. Dickerson. In preparation for fall publication. Price probably \$5.00.

Premarital and Prenatal Examination Laws in the United States—a summary of their history, requirements and operation. In cooperation with the United States Public Health Service. For early publication. Price probably 50 cents.

#### Pamphlets and Leaflets

Why Let it Burn? The Case against the Red-Light District. 10 cents, \$5.00 per 100.

The Case Against Prostitution. Broadside folder. 5 cents. \$2.50 per 100.

Milestones in the March Against Commercialized Prostitution. Free.

Outline for a Talk on Legal and Protective Measures. Free.

#### Films

*New one-reel talking motion pictures, 16 mm \$50. 35 mm \$75. Rental \$5 per day.*

In Defense of the Nation—a timely new film for community leaders.

With These Weapons—the Story of Syphilis—for the general public.

Plain Facts about Syphilis and Gonorrhea—for general and industrial use.

#### Exhibits

Social Hygiene and National Defense. 8 charts showing how syphilis and gonorrhea threaten our armed forces and industrial workers, and how these diseases may be curbed. *Miniature size, 8½ x 11, 10 cents. Wall size, 17 x 22 inches. \$1.00 per set. Mounted \$3.00 per set.*

## THE PROSTITUTION RACKET TODAY

*Summary Report of Field Studies of Prostitution Conditions in 176  
Communities Since the Declaration of the Limited Emergency*

PAUL M. KINSIE

*Consultant on Field Studies, American Social Hygiene Association*

From coast to coast, from Canada to the Mexican border, the United States is becoming virtually an armed camp. Numerous army posts, naval establishments and air bases have been erected or are now under construction.

Young men have been placed in new surroundings for their training. From cities, towns and villages, from offices, factories and farms, in fact, from every walk of life the nation's youth is being mobilized.

Boys from tranquil villages of New England have been transplanted to the deep South. Those from sparsely settled sections throughout the length and breadth of the land find themselves in thickly populated urban areas. Many soldiers now training in or near small towns came from the greatest cities of the country. About a million young men have experienced a change of environment—from civil to military life.

The prostitution underworld—the exploiters, and those who compose the rank and file of the “oldest profession”—are thoroughly cognizant of what a great concentration of manpower means to their business. They have always tried to take advantage of similar opportunities, and could always be depended upon to move in any direction that would enhance their profits.

When in 1917 the United States entered the first World War, commercialized prostitution machinery snapped into action. In many instances, long before a cantonment was constructed, the “third party interests” which control and profit from prostitution, laid well defined plans to attract serviceman trade. Many associated with the “girl racket”

were waiting, ready and eager to welcome the boys on their first arrival in cantonment areas.

The activities of these prostitution racketeers had to be combated to protect the boys who are the fathers of many of today's soldiers and sailors. The Draft Act of 1917, which authorized the Secretaries of War and Navy to set up zones around military camps and naval bases, and prohibited prostitution activities within such areas, went a long way toward minimizing conditions which contribute so abundantly to the spread of venereal infections. Federal, state and local law enforcement activities succeeded to a remarkable degree in keeping areas about army and navy training centers free of flagrant prostitution during the World War.

But the prostitution underworld soon recovered from its World War experience, and demobilization had not been fully completed before an upward trend in the volume and flagrancy of commercialized prostitution was noticed in some cities. These communities soon became known as "wide open towns." Groups of brothels again made their appearance. Areas, not always on the wrong side of the tracks, were looked upon as tolerated "red light" districts.

In 1927 and 1928, and again in 1932 and 1933, when 58 cities in 48 states were studied by the American Social Hygiene Association,\* the prostitution underworld was found to be firmly entrenched in certain communities. The racket, where permitted to flourish, enjoyed the prosperity of the post-war period, withstood the long years of the depression, and was alert to make the most of that which the present emergency has to offer in the way of profits.

#### *Today's Problem*

From past experience, the Association expected that a recrudescence of prostitution would attend the current mobilization of manpower. Beginning in 1939, when the first limited emergency was declared, the Association increased its field studies of prostitution conditions and gave special attention to areas accessible to Army and Navy personnel. Recently field studies have been still further increased in order that the appropriate official agencies, and the Association

\* *Prostitution in the United States*, JOURNAL OF SOCIAL HYGIENE, Vol. XIX, December, 1933.

itself, may be kept well advised regarding conditions and trends. Since January, 1940, studies have been made by the Association's skilled field staff in virtually every city in or near which important numbers of soldiers, sailors, or marines are stationed.\*

No sooner had the limited emergency been declared than the prostitution underworld saw an opportunity for fat profits. The grapevine carried messages across country. Knowledge of good locations spread rapidly. Before long the leaders and lesser lights of the racket knew the most worthwhile cities, towns, and villages in which to operate.

Some were attracted and guided solely by the large numbers of men scheduled to be stationed in or near a community. Others—while they considered this factor—also took into account the policy followed by local authorities in respect to prostitution activity. Still others—chiefly those who weathered the World War I period—seemed satisfied to sit back and patiently await developments.

If we consider conditions in various communities scattered across the country from Maine to California, and from the State of Washington to Florida, we find three distinctly different administrative policies in operation:

1. Constant, vigorous, and strict law enforcement;
2. Sporadic and ineffectual attempts to institute remedial measures; and
3. Toleration, embodying "a set-up," in the vernacular of the underworld, tantamount to licensing.

Naturally, the sections of the country that offered the best trade facilities and the least resistance to the prostitution interests attracted greater numbers of prostitution racketeers. Often the newcomers had to buck local "vice rings" which were already strongly entrenched. Many times, and in many places, however, new arrivals were welcomed by the racketeers.

While striving to establish themselves in a community, the racketeers soon learned "who to see, who to avoid," and promptly found out what would be expected. To get "the green light" did not always involve paying tribute to a corrupt public official or political boss.

In many sections of the country a comparatively new order was in vogue. Prostitutes before being permitted to operate had to "check in" with the police. "Check-in" usually involved photographing and fingerprinting. Sometimes it meant merely having names and places of operation recorded at police headquarters.

Then came the venereal disease examinations. A single smear and one blood test were regarded as sufficient in some communities to determine whether venereal infection was present. More thorough exami-

\* See map.

nations were required in other places. The frequency of examinations varied in the case of smears from one a week to one in three months. Blood tests invariably were required quarterly. If the prostitute was found not infected, a "health card" was issued, certifying that the bearer had been examined and that the findings were "negative."

Often the prostitute had the choice between going to a private physician or to the city clinic for examination. In some places the "health card" was given to her, in others it was filed at police headquarters.

The prostitution interests publicized the periodic venereal disease examination to a large extent and many gullible "customers" fell for their high pressure sales talk about "safe" prostitution. In many cities, particularly in the South, Southwest and along the Pacific Coast, the man-in-the-street was found to be firmly convinced that such examinations eliminate the possibility of infection. "It is done for the soldiers," many claimed.

A prostitute-inmate of a brothel, in a city near which a great camp is situated, demonstrated how she convinces skeptics who fear infection. She offered what she claimed was a "health card" as proof of freedom from venereal disease. The card she had in her possession apparently was a treatment record which had been issued by the local health department. It bore the rubber stamped signature of the city health officer, and in chronological order listed the bismuth treatments she had received to date. These she palmed off on customers as "shots" of a serum used to immunize one against syphilis. Rather cleverly she stated:

Just like boys in the Army are inoculated against smallpox . . . this stuff is given to us to prevent syphilis. . . .

Those directly or indirectly associated with the prostitution underworld lose no time in advertising how well they comply with the "health orders." They make it known that they agree with the periodic venereal disease examination practice, and in many communities endeavor to represent themselves as doing their bit in the nation's defense program.

According to authoritative information concerning a certain area, a Provost Marshal and an Army doctor from the nearby fort made periodic visits to brothels to see that inmates reported regularly for examination. In one city an Army doctor was said to have insisted upon certain antiseptics as essential parts of a prostitute's equipment. These practices, which were never approved by the War Department, and which have since been discontinued, gave many in the racket an opportunity to spread the rumor that the Federal Government sanctions the operation of prostitution resorts, and that resorts and inmates were "government inspected." Such erroneous yarns circulated in many communities near Army posts and Naval bases. Soldier after soldier, thoughtlessly perhaps, aided in spreading this false doctrine of security and before long many persons actually believed that "girls were sent to town" by the government.



*Prostitution and Police*

Although many cities, both large and small, early this year discarded the periodic venereal disease examination procedure, some still hang on to this antiquated custom and to other "control" measures.

"Mugging and fingerprinting" prostitutes seems to have become the vogue in a long string of cities stretching across the country and have naturally found favor with various members of the prostitution element. Those who have police records, of course, oppose it. Generally, however, the procedure is thought well of by exploiters because it carries official sanction and recognition to a business that is illegal in every state except one in the United States.

A keeper of a disorderly house in a southwestern city, whose resort depends largely on soldier trade, as do those of his competitors, revealed "the score" which fitted not only the local picture but the conditions in many communities in sister states. After mentioning that the officials had "put thumbs down" on re-establishing "a line" (segregated district), he said:

The set-up here is perfect. . . . Couldn't be better. . . . Department handles the whole darn thing. . . . The Army's with us too. . . . Here's how it works. . . . A gal wants to go to work. . . . She's spotted (recommended or placed in a brothel). First thing she does is go over to the police. . . . She's mugged and fingerprinted. . . .

Every Thursday is Clinic Day. . . . Then next Thursday she starts in the clinic. . . .

Everybody who runs a joint tries to cooperate. . . . It's a set-up that is just the same as a license. . . . Everything's on the up and up. . . . It's really licensing an illegal racket. . . .

Many police departments still continue to toy with the problem. Pseudo-"regulations" of one type or another develop. Changes constantly occur. But apparently the larger the number of "shall nots" promulgated in an attempt to let prostitutes operate and still protect the public health and preserve public decency, the larger the number of violations by prostitutes and their agents.

Flagrant accosting from brothel windows and doorways is generally forbidden; yet comparatively few observe this restriction. The sale of intoxicants is ruled out. In some cities brothel keepers waive this source of additional income. In many, however, "the joints" are the only places where liquor may be bought, especially after hours and on Sundays when licensed bars are closed.

Let us consider for a moment the words of a notorious brothel-keeper who operates a resort in an important city in one of the Mountain States. She mentioned a series of restrictions allegedly issued when a new Chief of Police recently took office. She said:

Here's the set-up. . . . Every girl has to be mugged and fingerprinted. . . . No more than three girls to a joint. . . . Joints open at 9 a.m. . . . Close at 2 a.m. . . . At that time everybody has to be out. . . . Girls can't answer hotel dates. . . . No dating outside at all. . . . All business must be done on the premises (brothels). . . .

No liquor or soft drinks can be sold. . . . No window tapping or roping (accosting). We're watched like criminals . . . treated like slaves. . . . Can't even live in private apartments. . . . Have to live in certain hotels. . . .

In this particular community the alleged rules and regulations were found to be honestly enforced; yet even here many in the racket managed in one way or another to circumvent the restrictions in order to serve their own interests. In practically every community where commercialized prostitution was found to be tolerated, regulatory measures that existed were directed chiefly toward brothels. Other forms of the business were seldom included. Consequently, "beer joints, juke joints, honky-tonks,"\* disorderly rooming houses and hotels were found competing with the brothel types of resorts. These also made their bids for serviceman trade. These also harbored prostitutes.

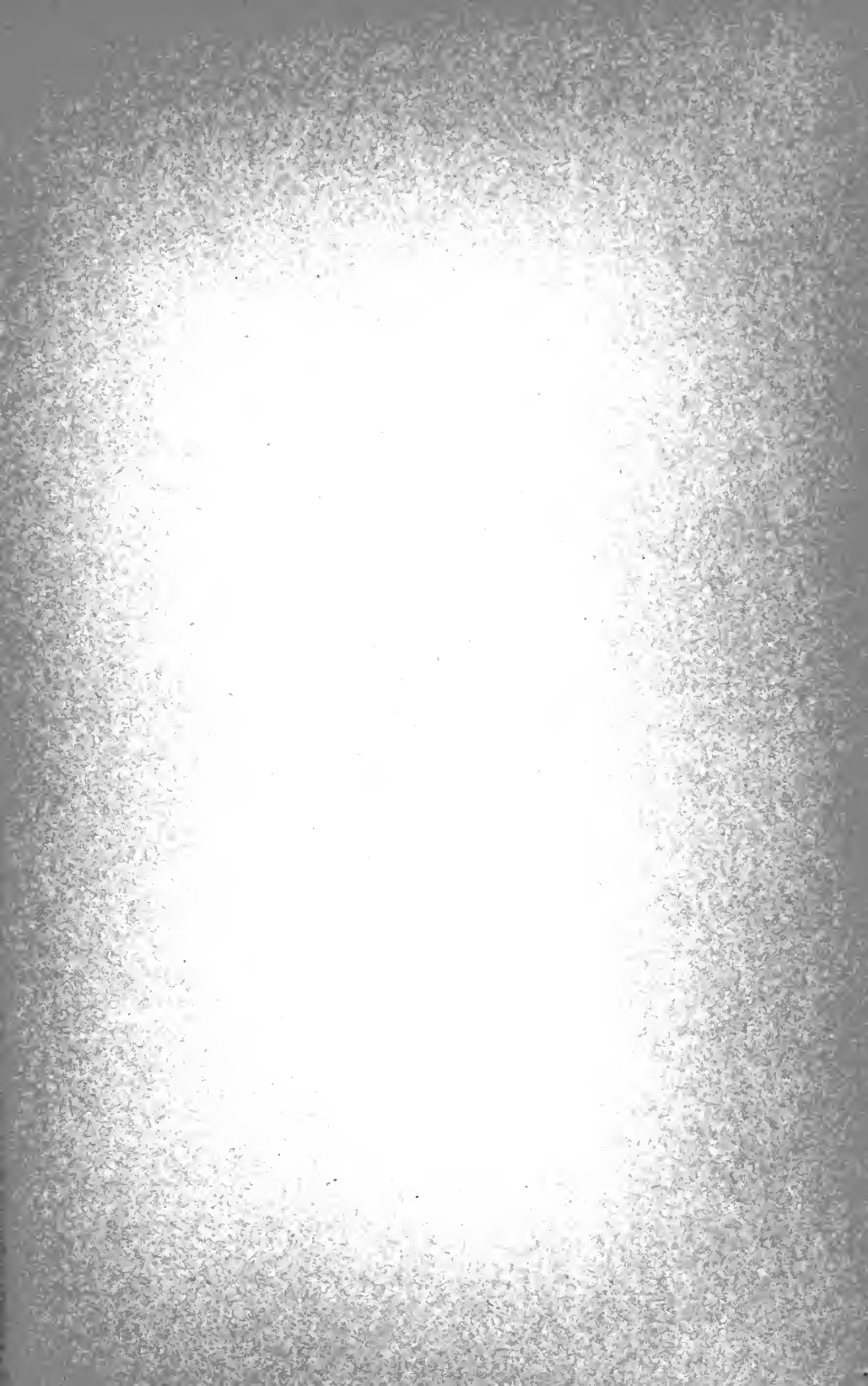
In many instances whether the "hustler" was a "beer joint" habitu , rooming house tenant, or hotel frequenter, she spoke vociferously about the menace of "free traders" or "chippies," who during World War I were called "charity girls." Brothel inmates likewise placed all blame for infections on "chippies."

Pay days for soldiers, sailors and marines are looked to with anticipation by practically everyone in the racket. All know to the minute when each branch of the service is paid: soldiers usually on the last day of the month; sailors on the fifth and twentieth; and marines on the first and fifteenth. Where a city is located near encampments of all three branches of the service, exploiters in the community, prostitutes and others directly or indirectly connected with prostitution interests, consider themselves exceedingly fortunate because of the five pay days. If only one pay day is forthcoming, they manage to pull through the month, but usually have on hand "extras" to take care of the rush when the boys are paid.

In one community adjoining a maneuver area where many thousands of troops assemble for war games, three large brothels—all of which operated during the last war—did a business of land office proportions. On the last day of each month, and usually for two or three succeeding days, long lines of "soldier boys" waited their turn to gain admittance. The operators, "old timers" in the game, admitted at one time only as many prospective customers as could be accommodated, and Military Police prevented those who were waiting from gate-crashing.

In another city, situated fully 75 miles from a camp, on weekends brothels were reserved exclusively for uniformed men. Even soldiers in mufti could not gain admittance unless they satisfactorily proved they were in the Army. This policy, it was claimed by operators and

\* Cheap, tawdry resorts, sometimes referred to by one name or the other, in which beer and/or alcoholic beverages are sold; wherein music is provided by automatic phonographs, and where dancing is permitted; where prostitutes and other sexually promiscuous persons are the chief frequenters.





inmates, was dictated by local civil authorities. Although outward manifestation such as window and doorway accostings were forbidden, scarcely a popular priced resort obeyed the order.

In other cities hotel bellboys, porters and taxi drivers did the accostings. Scores claimed that their profits run high, and many waited as eagerly for "big business" nights as did the madams, prostitutes, and others associated with "the girl racket."

Free lance prostitutes were found to invade many of the smaller cities. Often they were unable to secure appropriate accommodations. Many managed in one way or another. If rooms were not available their own cars or taxicabs served the purpose. Some were even said to use trailers or "chippie wagons," as the boys nicknamed these rolling brothels. If "the heat was on" (law enforcement) in a town, places outside the city limits, such as road camps, cabins, honky-tonks and juke joints often became useful. In some of these places the business arrangement between prostitutes and proprietor included "drink rustling," on which the "girl" received a commission, and at the same time was sharing her prostitution earnings with the operator. Rooms, on or off the premises were used, circumstances governing the necessary accommodations. Often the same conditions were found to exist within city limits, depending wholly on "how tough the law" (police) was.

The ability to operate flagrantly—especially when uniformed trade is sought—is always considered by prostitution interests a valuable asset. It means greater opportunities to entice and encourage patronage of many customers who might ordinarily not be attracted to a resort in which prostitution is practiced. Great numbers of those in the racket flock to communities where such conditions are tolerated. Frequently they overrun the place, usually "overdoing a good thing" as many exploiters admit. Long before many of the camps were constructed and the men inducted into service, commercialized prostitution conditions in a number of geographical centers of the United States overflowed the market and later showed some retrogression. The same situation was noted in highly industrialized areas now engaged in national defense production.

#### *Where Business Is Best—and Worst*

Surprising as it may seem, great metropolitan centers were found to have proportionately less flagrant prostitution activity than many small communities. And most cities in New England<sup>1</sup> and the Middle Atlantic States<sup>2</sup> were found to have fewer resorts that cater to or are identified with prostitution than those in the East<sup>3</sup> and West North Central states,<sup>4</sup> chiefly because of the more or less uniform policy of vigorous law enforcement. The worst conditions were gen-

<sup>1</sup> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont.

<sup>2</sup> Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania.

<sup>3</sup> Illinois, Indiana, Michigan, Ohio, Wisconsin.

<sup>4</sup> Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.

erally found to prevail in the South Atlantic,<sup>5</sup> East South Central,<sup>6</sup> West South Central,<sup>7</sup> Mountain<sup>8</sup> and Pacific<sup>9</sup> states. These areas tolerated open and flagrant prostitution activity for years. Sporadic or feeble attempts to correct the situation had little or no effect on the prostitution underworld. Unfortunately many cities in most of these states are playing host to great numbers of servicemen.

Much spade work had to be done in an effort to effect remedial measures. Strategic cities—those requiring immediate attention—were selected, and with the aid of municipal, state, federal, and voluntary agencies, some of the worst centers became reasonably free of commercialized prostitution activity. Just as word had spread across the country about “the good spots” for prostitution interests, “the tough ones” soon became known.

A resort keeper in a city far removed from communities that had “clamped on the lid” displayed her knowledge of what had taken place when she said:

—(a west coast city) is closed. —went sour. . . . A mess of cities have been knocked over. . . . I know where I can get “girls”. . . . I’m afraid to write or telephone or communicate with ‘em. . . . The broads (prostitutes) might make a slip. . . . The Feds might learn of it. . . . Then I’d be in a real tough spot. . . .

A gradual improvement is being effected in many places. The enforcement of the May Act—a federal statute prohibiting prostitution resorts from operating within a reasonable distance of military and naval establishments—will doubtless bring about further improvement. Much has been and will be done throughout the country to fulfill the leisure time needs of members of the military and naval forces. However that vast army “behind the lines,” who are engaged in national defense production, are perhaps not receiving the same consideration.

<sup>5</sup> Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia.

<sup>6</sup> Alabama, Kentucky, Mississippi, Tennessee.

<sup>7</sup> Arkansas, Louisiana, Oklahoma, Texas.

<sup>8</sup> Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming.

<sup>9</sup> California, Oregon, Washington.

# LAWS AGAINST PROSTITUTION AND THEIR USE

GEORGE GOULD

*Legal Consultant, American Social Hygiene Association*

The existence of prostitution is a sore spot, an unnecessary evil and a chief source of the spread of syphilis and gonorrhea in the life of any nation. Most countries are coming to realize this and are taking such steps as may be in accord with their folk customs and mode of government to curb this enemy of family health and happiness. The United States has taken a leading part in this endeavor to repress prostitution, and both the Federal Government and the several state governments have adopted the means which in our national life seem to be most effective for public protection—adequate laws, adequately enforced by federal, state and community law enforcement agencies.

Every citizen should know that these laws exist, and how they may be used to help wipe out prostitution in his town. Now, in the present national emergency, it is especially important that the public should know and cooperate in the efficient use of these laws, as prostitution, finding a new and conveniently located market for its wares through the concentration of great numbers of men in the army, navy and defense industries, is a serious threat to the strength of our manpower.

The American Social Hygiene Association presents the following brief survey of laws against prostitution and their use as a practical guide for all who are interested in the improvement of present community conditions, and in the protection of young men and young women from one of the most dangerous hazards which attacks youth and America's future families.

## *Types of State Laws and their Provisions*

A recent survey of sex offense laws in different states reveals that many of them have adequate legislation for the repression of prostitution. The laws against prostitution in the majority of the

states can be used not only against the prostitutes but also against third parties, such as keepers, "madams," procurers, go-betweens, and the like, who exploit prostitutes and their customers for profit. All of the states except Kentucky, Nevada and South Carolina<sup>1</sup> have legislation which makes it a crime for any person to keep, set up, maintain, or operate a house of prostitution. In Alabama and Mississippi such persons are classified and punishable as vagrants.

Many state courts admit evidence of the general reputation of a house to show that it is a place resorted to for immoral purposes in support of a charge of keeping or operating a house of prostitution. In prosecuting the keeper of a house resorted to for immoral purposes, evidence of the general reputation of the inmates and frequenters of such a house is admissible in many jurisdictions to show its character.

The "Injunction and Abatement Law," first passed in Iowa in 1909 and since adopted by forty-four states, is an effective legal weapon against the owner, agent, and operator of property used for lewdness, assignation, or prostitution, and such use is declared by these laws to constitute a public nuisance. No such law exists in Nevada, Oklahoma, and Vermont. In Arkansas a house of prostitution is declared a public nuisance and may be closed under the general law of Injunction and Abatement against public nuisances. The legal principles of the "Injunction and Abatement Law" have been declared constitutional in the several state courts, and are a valid exercise of legislative power.

The "Injunction and Abatement Law" is a civil action and may<sup>2</sup> be brought in the name of the state by the attorney general,<sup>3</sup> the district attorney, or a private citizen in a court of equity when seeking to close a house of prostitution as a public nuisance. The owner, keeper of, or employees in a house of prostitution, or the agent who rents or takes care of the property, all or any one of them, may be declared guilty of maintaining a nuisance. Upon proof of the existence of the nuisance, a permanent injunction is issued against its continuance, the personal property used in conducting the nuisance is ordered sold, and the premises closed unless bond is given to assure the lawful use of the property in the future. Violation of the order of injunction or abatement is made a contempt of court and is punishable by fine or imprisonment.

Statutes dealing with third parties and exploiters, such as procurers, keepers, and go-betweens, are commonly called "Pandering" or "White Slave" laws. The penalties are usually severe and these laws, like most criminal statutes, are strictly construed by the courts. Inducing, persuading, enticing, or procuring a female for the purpose of prostitution or to become or remain an inmate of a house of prostitution are declared in many states distinct and separate sex offenses. All but three states, Georgia, Mississippi, and South Carolina, prohibit pandering or procuring of a female for the

<sup>1</sup> Such persons are probably punished as vagrants.

<sup>2</sup> In a few states the word "must" is used.

<sup>3</sup> In a few states the attorney general is not included.



purpose of prostitution, while living off the earnings of a prostitute is unlawful in all but twelve states—Florida, Georgia, Iowa, Kansas, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Rhode Island, and Tennessee.

The offense of living off the earnings of a prostitute is statutory in nature and was not known under common law. Evidence against the defendant to support a charge of living off the prostitute's earnings, must show that such money was received; was without consideration, such as the payment of a legal debt or service, or necessities; and was for the benefit and use of the receiver who knew the source of the money.

Prostitution at common law is defined as the indiscriminate sexual intercourse of a woman for hire. In the absence of a statute, courts usually follow this definition in common law states. Twenty-three states<sup>4</sup> penalize by statute the woman who is a common prostitute as a vagrant or disorderly person. Seven states<sup>5</sup> do not penalize the act of engaging in prostitution by either the prostitute or her customer, while the remaining eighteen states do declare such activities unlawful for both the prostitute and her customer.

Twenty-four states<sup>6</sup> penalize solicitation for prostitution or immoral purposes by either the female or the male. Solicitation by women only for the purpose of prostitution is a statutory offense in four additional states, Colorado, Minnesota, Nevada and Utah.

In some states evidence of the character of a house resorted to by a woman charged with being a prostitute is admissible in court to prove the charge. In other jurisdictions it may be shown that the accused was loitering around places frequented by persons of lewd reputation.

In addition to the various laws against prostitution, New York State has enacted a statute<sup>7</sup> which subjects the owner or agent of a tenement house to a penalty of \$1,000 if he permits the property or any part thereof to be used for the purpose of prostitution.

During 1919 a standard form of law on prostitution, known as the "Vice Repressive Law,"<sup>8</sup> was drafted by the federal government and was presented for enactment to the legislatures of the several states. Thirteen states<sup>9</sup> have this law in its entirety on

<sup>4</sup> Alabama, California, Colorado, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, Oklahoma, Oregon, Texas, Utah, Virginia and Washington.

<sup>5</sup> Arizona, Arkansas, Kentucky, Nevada, South Carolina, Tennessee and West Virginia.

<sup>6</sup> Connecticut, Delaware, Georgia, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Rhode Island, Vermont, Washington, Wisconsin and Wyoming.

<sup>7</sup> Sections 151 and 152 (Tenement House) N. Y. Consolidated Laws, 1938.

<sup>8</sup> For copy of the law see page 339.

<sup>9</sup> Connecticut, Delaware, Maine, Maryland, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Rhode Island, Vermont and Wyoming.

their statute books and six states<sup>10</sup> have adopted major parts of the legislation. A new and important principle of the "Vice Repressive Law" is that it makes the receiving as well as the giving of the body for sexual intercourse with or without hire an offense. Now, under this law the male customer who has intercourse with a prostitute, can be punished as well as the prostitute herself.

The "Vice Repressive Law" not only penalizes any persons who keep, maintain, or operate any place or conveyance for the purpose of prostitution, assignation, or lewdness, but also reaches any persons who receive or offer to receive anyone into any place or conveyance owned or controlled by them, for the purpose of prostitution, assignation, or lewdness and/or for knowingly permitting anyone to remain there for such purpose.

Directing or taking any person to any place or to any person, and the soliciting for the purpose of prostitution, or offering to commit these activities are also declared unlawful. Frequenting or occupying any place or conveyance for the purpose of prostitution and engaging in prostitution is defined as illegal.

Many cities and towns are expressly granted, by their state legislatures, power to repress prostitution. Many communities have ordinances passed by their councils punishing keepers and inmates of houses of prostitution. Unfortunately, cases of this type in municipal courts are disposed of usually by the imposition of a fine or a suspended sentence. Experience indicates that the system of small fines is useless as a means of repressing prostitution. Some municipal corporations also have ordinances providing for the suspension or revocation of licenses of hotels or taxi-cabs when they are used for purposes of prostitution. The suspension or revocation of a hotel or taxi-cab license has proved to be an effective measure against prostitution wherever tried.

### *Federal Legislation*

The federal government confines its activities in this field to cases involving violations of federal "White Slave" laws. The "Mann Act," enacted by Congress in 1910, prohibits interstate and international traffic in women for the purpose of prostitution. The "Bennet Act" penalizes those who import aliens for immoral purposes and provides for the deportation of aliens engaging in the practice of prostitution.

The 77th Congress, recognizing that tremendous increase in the concentration of armed forces and industrial workers during the present national emergency might be an inducement for the exploiters and racketeers to promote the business of prostitution in nearby areas, in June, 1941 passed the Congressional Bill (H.R. 2475) which was signed by the President, on July 11, 1941 as Public Law 163. This law makes prostitution a federal offense within such reasonable distance of any military and/or naval establishment as the Secretaries

<sup>10</sup> Louisiana, Michigan, New York, Utah, Virginia and Wisconsin.

of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the army and/or Navy, and shall designate and publish in general orders or bulletins to this effect.

The federal and state laws and city ordinances forbidding prostitution have proved to be effective in minimizing, as far as legal methods can, conditions that encourage the spread of the venereal diseases. It is not enough to have on the statute books laws against prostitution. The vigorous enforcement of such laws is also required, and the combined efforts of official and voluntary health, welfare and law enforcement groups are needed if prostitution is to be reduced and venereal diseases controlled.

#### ESSENTIAL PROVISIONS OF LAWS FOR THE REPRESSION OF PROSTITUTION PASSED BY VARIOUS STATES

##### *For the repression of prostitution.*

Be it enacted by the legislature of the State of .....

*Section 1.* That from and after the passage of this Act it shall be unlawful in the State of .....

(a) To keep, set up, maintain, or operate any place, structure, building, or conveyance for the purpose of prostitution, lewdness, or assignation;

(b) To offer, or to offer to secure, another for the purpose of prostitution, or for any other lewd or indecent act;

(c) To receive or to offer or agree to receive any person into any place, structure, building, or conveyance for the purpose of prostitution, lewdness, or assignation, or to permit any person to remain there for such purpose;

(d) To direct, take, or transport, or to offer or agree to take or transport, any person to any place, structure, or building, or to any other person with knowledge or reasonable cause to know that the purpose of such directing, taking or transporting is prostitution, lewdness, or assignation;

*Section 2.* It shall further be unlawful:

(a) To offer to commit, or to commit or to engage in prostitution, lewdness, or assignation;

(b) To solicit, induce, entice, or procure another to commit prostitution, lewdness or assignation with himself or herself;

(c) To reside in, enter, or remain in any place, structure, or building, or to enter or remain in any conveyance for the purpose of prostitution, lewdness or assignation;

(d) To aid, abet, or participate in the doing of any of the acts or things enumerated in Sections 1 or 2.

*Section 3.* That the term "prostitution" shall be construed to include the giving or receiving of the body for sexual intercourse for hire, and shall also be construed to include the giving or receiving of the body for indiscriminate sexual intercourse without hire. That the term "lewdness" shall be construed to include any indecent or obscene act. That the term "assignation" shall be construed to include the making of any appointment or engagement for prostitution or lewdness or any act in furtherance of such appointment or engagement.

*Section 4.* That in the trial of any person charged with a violation of any of the provisions of Section 1 of this Act, testimony concerning the reputation of any place, structure, or building and of the person or persons who reside

in or frequent the same and of the defendant shall be admissible in evidence in support of the charge.

*Section 5.* That any person who shall be found to have committed a single violation of Section 2 of this Act shall be deemed to be guilty in the third degree. That any person who shall be found to have committed two or more violations of Section 2 of this Act within a period of one year next preceding the date named in an indictment, information, complaint, or charge of violating Section 2 shall be deemed to be guilty in the second degree. That any person who shall be found to have committed a violation of Section 1 of this Act shall be deemed to be guilty in the first degree.

*Section 6.* (a) That any person who shall be deemed to be guilty in the third degree set forth in Section 5 may be subject to commitment to a reformatory institution for not more than six months:

Providing, that the sentence imposed, or any part thereof, may be suspended and provided, further, that the defendant may be placed on probation.

(b) That any person who shall be deemed guilty in the second degree, as set forth in Section 5, shall be subject to commitment to a reformatory institution for an indeterminate period of not more than three years in duration, and the Board of Managers or Directors of the reformatory institution shall have authority to discharge or place on parole any person so committed after serving therein for a minimum period of three months and to require the return to the said institution for the balance of the maximum term of any person who shall violate the terms or conditions of the parole;

Provided, that the court or judge imposing sentence may in his discretion place the defendant on probation for a period of not less than one year, nor more than three years.

(c) That any person who shall be deemed to be guilty in the first degree, as set forth in Section 5, shall be subject, for a term of not more than three years, to imprisonment in or commitment to any state, city or county penal or reformatory institution, which is or may hereafter be authorized to receive persons convicted of criminal offenses;

Provided, that in case of a commitment to a reformatory institution the commitment shall be made for an indeterminate period of time of not more than three years in duration, and the Board of Managers or Directors of the reformatory institution shall have authority to discharge, or place on parole, any person so committed after the service of the minimum term, or any part thereof, and to require the return to the said institution for the balance of the maximum term of any person who shall violate the terms or conditions of the parole.

(d) That the suspension of sentence or the release on probation or parole of any person infected with a venereal disease shall not prevent the imposition of such terms and conditions as may be made by the health officer in order to prevent the spread thereof, nor limit the authority of the health officer to require persons convicted under this act of offenses involving sexual promiscuity to be examined for venereal diseases.

(e) That no girl or woman who shall be convicted under this Act shall be placed on probation or parole in the immediate care or charge of any person excepting a woman probation officer.

*Section 7.* That all courts of record shall have jurisdiction to try all cases involving violation of any of the provisions of this Act.

*Section 8.* That all laws or parts of laws in conflict with the provisions of this Act, and all city ordinances for the repression, regulation or control of prostitution be, and the same are hereby repealed.

*Section 9.* That the declaration by the courts of any of the provisions of this Act as being in violation of the Constitution of this State shall not invalidate the remaining provisions.



# STATE LAWS AGAINST PROSTITUTION

STATE	AGAINST ACTIVITIES OF EXPLOITER OF PROSTITUTE OR HER CUSTOMER										AGAINST ACTIVITIES OF PROSTITUTE OR HER CUSTOMER					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
	Keeping a House of Prostitution	Injunction and Abatement Laws	Permitting Use of Place or Conveyance for Prostitution	Receiving or Offering to Receive Anyone into Any Place or Conveyance for Prostitution	Directing or Taking Any Person for Prostitution	Transporting a Female for Prostitution	Pandering or Procuring Another for Prostitution	Compulsory Prostitution	Living Off Earnings of a Prostitute	Soliciting for Prostitution	Giving the Body for Prostitution With or Without Hire	Receiving the Body for Prostitution With or Without Hire	Frequenting, Residing in or Occupying House of Prostitution	Occupying or Residing in Any Other Place or Conveyance for Prostitution	Entering or Remaining in Any Other Place or Conveyance for Prostitution	Engaging in Prostitution
Alabama.....	✓ <sup>a</sup>	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arizona.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arkansas.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
California.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colorado.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Connecticut.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delaware.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
District of Columbia.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Florida.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Georgia.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Idaho.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Illinois.....	✓	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Indiana.....	✓	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Iowa.....	✓	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kansas.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kentucky.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Louisiana.....	✓	✓	✓ <sup>(d)</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maine.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maryland.....	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Massachusetts.....	✓	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michigan.....	✓	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minnesota.....	✓	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mississippi.....	✓ <sup>a</sup>	✓	✓ <sup>c</sup>	✓	✓	✓	✓	✓	✓	✓ <sup>g</sup>	✓	✓	✓	✓	✓	✓



## THE MAY BILL BECOMES LAW

The Association has been interested during the last few months in the May Bill (H. R. 2475). This Bill as passed by the House by unanimous consent in June prohibited the practice of prostitution in such zones around military or naval establishments as were determined by the Secretaries of War and Navy, respectively.

In the Senate the May Bill was amended to include the prohibition of the sale of alcoholic beverages in similar zones surrounding Army and Navy establishments. Opposition developed against this amendment threatening the passage of the Bill and thereby depriving the Federal Government of a most important instrument for the protection of soldiers and sailors from physical and moral dangers of prostitution.

Our friends in Washington, who were closely observing this legislation, came to the conclusion that regardless of what one may think of prohibition of the sale of alcoholic beverages in such zones, the only way to secure the prompt passage of the Bill prohibiting prostitution was to keep these two issues separate.

Senators Robert M. LaFollette and James F. Byrnes moved in the Senate to obtain reconsideration of the Bill. After debate, the prohibition amendment was deleted, and on the question of the original H. R. 2475, the Senate gave approval by unanimous consent. The Bill became a law when the President signed it on July 11th. A copy of the legislation follows:

### PUBLIC LAW 163—77th CONGRESS

#### *Chapter 287—1st Session*

#### **H. R. 2475**

#### *An Act*

*To prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy.*

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That until May 15, 1945, it shall be unlawful, within such reasonable distance of any military or naval camp, station, fort, post, yard, base, cantonment, training or mobilization place as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy, and shall designate and publish in general orders or bulletins, to engage in prostitution or to aid or abet prosti-



tution or to procure or solicit for the purposes of prostitution, or to keep or set up a house of ill fame, brothel, or bawdy house, or to receive any person for purposes of lewdness, assignation, or prostitution into any vehicle, conveyance, place, structure, or building, or to permit any person to remain for the purpose of lewdness, assignation, or prostitution in any vehicle, conveyance, place, structure, or building or to lease, or rent, or contract to lease or rent any vehicle, conveyance, place, structure, or building, or part thereof, knowing or with good reason to know that it is intended to be used for any of the purposes herein prohibited; and any person, corporation, partnership, or association violating the provisions of this Act shall, unless otherwise punishable under the Articles of War or the Articles for the Government of the Navy, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year, or by both such fine and imprisonment, and any person subject to military or naval law violating this Act shall be punished as provided by the Articles of War or the Articles for the Government of the Navy, and the Secretaries of War and of the Navy and the Federal Security Administration are each hereby authorized and directed to take such steps as they deem necessary to suppress and prevent the violation thereof, and to accept the cooperation of the authorities of States and their counties, districts, and other political subdivisions in carrying out the purposes of this Act: Provided, That nothing in this Act shall be construed as conferring on the personnel of the War or Navy Department or the Federal Security Agency any authority to make criminal investigations, searches, seizures, or arrest of civilians charged with violations of this Act.

*Approved, July 11, 1941,*  
*by President Roosevelt.*

---

“Today the need for conservation of health and physical fitness is greater than at any time in the nation’s history . . .”

FRANKLIN D. ROOSEVELT

*in an address before the National Institute of Health.*

## MOBILIZATION FOR SOCIAL PROTECTION

BASCOM JOHNSON

*Director, Division of Social Protection Federal Security Agency*

The mobilization of the armed forces and the concentration of workers in defense industries have made old social hygiene problems more acute, as well as producing some new ones. To help local communities solve these problems is the responsibility of the Division of Social Protection in the Federal Security Agency.

During the last six months the situation has been thoroughly canvassed, policies have been set, staff has been recruited and trained—the Division of Social Protection is ready for action.

It is faced with no easy task. Both the military and industrial mobilization have caused serious dislocations of normal family and community life. These dislocations apply especially to those soldiers, sailors and defense workers who are separated from their families and transplanted to new and strange environments.

They also apply to those women and girls who have no trades or skills which they can market, but who nevertheless are driven by poverty or unhappiness at home to migrate to defense areas in the hope of securing some kind of employment or at least more of the normal satisfactions of life.

As always happens during such national emergencies, unscrupulous individuals of both sexes are quick to recognize in these dislocations new opportunities to make some easy money. They do this in one or both of two ways. They set up taverns, restaurants, honky-tonks, dance halls and "juke joints" where unskilled women and girls are employed in the guise of waitresses, hostesses or dance partners, often on a commission basis, to attract male customers and push the sales of liquor.

The male customers find that considerable liberties with the female help are tolerated or even encouraged by the managements of these places, and the girls must stand for this if they want to keep their jobs and make tips enough to live on. Some of these places provide

back rooms or cabins that can be used by the customers and their women partners. The girls soon learn that their favors can be sold and the process of creating the next generation of prostitutes is well on its way.

The second and perhaps the quickest and easiest way to make money out of these dislocations is to set up brothels and fill them with professional prostitutes. These professionals are also migrants. They go where they find business and remain only so long as they are assured reasonable freedom from interference.

They are accustomed to operate under the direction of a madam or manager, and on a mass production basis. Their prices are low and they rely upon the volume of the business done to make a profit for themselves and the prostitution factories for which they work.

These smart but unscrupulous managers—both men and women—thus exploit human loneliness, misery, poverty and degradation. They are primarily responsible for the venereal diseases that are acquired by the armed forces, by the workers in defense industries, by the women and girls who are employed in commercialized amusements as “come-ons,” and by the professional prostitutes.

The program of the Division of Social Protection is and always will be designed to secure improvement in such conditions as have just been described. As those conditions change in detail, the details of the program will be changed to meet them. The program is, therefore, being kept as flexible as possible. There are, however, certain principles to which the War and Navy Departments and this Agency are, by agreement, committed and upon which any program which this Division develops must be based:

I. Prostitution is an unmitigated evil. It is extraordinary how many people throughout this land have different views on this subject. It is quite common, for example, to hear advanced by a good many uninformed people the view that prostitution is the protector of the chastity of good women or the savior of the institution of marriage, when the fact is that the only persons who benefit from prostitution are the exploiters of prostitutes, the grafters and racketeers.

II. The menace of prostitution cannot be met by licensing it, by regulating it, by segregating it or by any similar method of so-called “control.” This program is committed to this principle and part of the job will be to make it known as widely as possible. Among the weapons that are available are

- (a) The laws aimed primarily at the exploiters of prostitutes.
- (b) The religious, educational, economic, and welfare measures which reduce the supply of women recruits for prostitution.
- (c) The religious, educational, social and recreational measures which reduce the demand for prostitutes.

III. This Division will promote the use of these weapons by others but will not itself wield them except in so far as promotion involves

education. It will, for example, endeavor to educate local communities on the basic facts as to the need and value of law enforcement against prostitution. It will endeavor to persuade local officials to enforce their own laws. To accomplish this it will be necessary to present—

The physiological facts which are related to the rôle of prostitution in spreading syphilis and gonorrhœa and their effects upon the health and well-being of men, women and children. The chief matters here are: (1) The known infectiousness of prostitutes either because they have syphilis in an infectious state, or gonorrhœa, or both; or because, even though they are not infected, they are mechanical conveyors of the germs of these diseases from some of their customers to others. (2) The failure of any system of periodic medical examinations of prostitutes to safeguard their patrons from possible infection. (3) The undoubted high value of prophylactic measures used at the right time and skillfully administered, yet the error of assuring that they afford complete protection against infection by a prostitute. (4) The possible disastrous effects of syphilis and gonorrhœa upon a man's health and well-being and that of his wife and children.

The Division will also endeavor to educate or inform vocational and employment agencies, national, State and local, as to the menace to young girls working in honky-tonks and juke joints because they are not trained for anything better. It will endeavor to persuade these agencies to train and place as many of them as possible in other jobs, thereby preventing them from becoming the prostitutes of the next generation.

It will endeavor also to educate State and local welfare agencies to the importance of setting up the necessary machinery for the prevention of sex delinquency among young girls drawn into these camp cities and to provide facilities for the care and protection of those arrested by the police in campaigns of law enforcement.

It will endeavor to educate public opinion in these communities to support all of these and other measures calculated to reduce prostitution and mitigate its evils. One of the primary functions of the Division, working through its field staff, is to bring all these facts to the attention of the leaders and officials of these communities.

To accomplish this it will be necessary to present not only the physiological facts related to the role of prostitution in spreading syphilis and gonorrhœa, but also its sociological menace—that is, its tendency to corrupt community life and government, to foster crime and nurture criminals, to degrade and exploit women, to create rackets, to promote juvenile delinquency, and to develop other unsound social conditions. All of them are too well known to require elaboration here.

This is the second time in a quarter of a century America has really awakened to the social threat prostitution presents. We faced it in 1917 and 1918. After the war we relapsed into indifference. We face it now in another defense emergency.

In those years between, America has become more conscious of its social responsibilities than it ever was before. America has become

conscious of the social causes and results of disease, destitution, disability, and delinquency. Government responsibility for Social Security and Public Health has been more broadly accepted. Many police departments are still political, but there are enough sound police forces to point the way to a more effective future. Public welfare in 1917 was the highly experimental stepchild of the municipal administration; today it has assumed solid professional status.

These things have constituted a revolutionary change in American government. It does not seem possible that we will again sink into lethargy and indifference, or that American communities will again permit themselves the costly luxury of inaction.

There is one factor which is often overlooked and upon which great emphasis should be put. Controlling prostitution is a *local* job. It will be done effectively only if local authorities do it. That important factor is often too easily obscured by the newsworthy drama of Washington activity.

There is nothing in the Washington program which will serve us in the present crisis without local action. Effective local action demands progress with relation to such points as those that follow:

1. Effective professional local policing.
2. Adequate public support and financial appropriation necessary to establish effective local policing in many areas.
3. Detention and rehabilitation facilities which take into account the fact that the control of prostitution is a human problem. The object is not punishment, but the protection of those who will suffer most greatly from the commercial racket.

There have been many communities which have failed to recognize that they are dealing with a problem that has national implications. It will remain a local responsibility only if it is well done by local officials.

Long ago flood control was considered a local problem. Each county—later each State—tried to keep floods away by building its levees a foot higher than the county or State across the river. Their philosophy was simple: If their levees were higher, somebody else would get the water.

The nation couldn't afford that kind of "protection." To conserve the water and soil resources of the whole nation it had to act to control surplus waters nearer their upstream origins. Flood control ceased to be a local problem because local authorities could not or would not work together.

There are some communities which attempted to deal with prostitution in that way. They have attempted to solve their problems on the simple philosophy that they would "run the prostitutes out of town," and let the town across the county line or the State line worry about it.

In defense, the Nation cannot afford that kind of evasion. There must be cooperation between local governments. There must be action in every community that will gear into national social objectives.

It is to enable the local communities of America to reach a constructive local solution of these problems that the Division of Social Protection has been set up in the way it has. It represents, not a Federal invasion of a traditionally local field, but a service freely extended to local communities all over America. Its aim is to help them solve their problems locally.

## SOCIAL PROTECTION FOR GIRLS AND WOMEN

ALICE S. CLEMENTS

*Assistant Director, Division of Social Protection,  
Federal Security Agency*

Many a local sheriff who five years ago "knew his county like a book" is having to learn his business all over again. Honky-tonks, gambling dens, and establishments euphemistically known as "houses of ill-repute," in many an erstwhile rural county have become problems overnight.

These problems are not new and unheard of. They existed around Army camps in 1917-18. Defense industry concentrations existed then, too. But there are some changes in the 1941 model that should be noted.

Transportation, for example, has changed things. "Local" problems are not nearly so "local" as they used to be. A "reasonable distance" from military and naval establishments may be a much longer distance than it was in 1918. The people—soldiers and defense workers, whom one is trying to protect, don't have to stay put to the extent they did in those days. Neither does the girl or woman who is engaged in that intimate business which is the particular concern of the Division of Social Protection. A trip of one hundred miles by auto today means little more than a couple of hours' time. Anybody—man or woman—can make it "on his thumb" if the cash for the bus or train ticket is lacking.

As mechanization has progressed in the Army, so, too, it has progressed in the prostitution industry. The trailer introduces a shifting factor which many a local police force is not in a position to cope with effectively.

Technology has also made its mark on public administration. The simple "crackdown," "run them out of town," methods, which expressed the police officer of an earlier date, are no longer acceptable. Police administration and welfare administration have become skilled professions. America of the 1940's wants its problems solved—not just "pushed around." With these considerations in mind it may be well to review the current situation and outline in specific terms what the local community must have if it is to deal with prostitution effectively.

### *This Is the Problem*

The large influx of girls and women and the rapid increase in population, with its related problems such as lack of housing, and of educational and wholesome recreational facilities, has brought about a disorganization in many communities that is most serious. State, county, and municipal authorities are unable to cope adequately with problems of law enforcement, health and social protection with which they are confronted.

Surveys that have been made show an alarming number of young girls, both transient and local, are being exposed to grave dangers. In some areas there is no agency assuming the responsibility for keeping young people in more wholesome recreation than the juke joints, honky-tonks and cheap dance halls that exist and are rapidly increasing in numbers in towns, and along the highways in the vicinity of our camps. Young girls, many of them in their early teens, even 13, 14, and 15 years of age, are involved in situations that lead to prostitution while the community appears apathetic and unconcerned, as little or no provisions have been made to provide the special services which their problems demand.

In some places, it is not only an intra-state problem with the camp area extending into more than one adjoining county—and involving several cities; it is also a serious interstate problem, as there is the constant shifting of the undesirable population from one place to another to evade the law, or the law enforcement body evades its responsibility by passing the problem on to the next city, town or State. Uniform law enforcement regulations are greatly needed.

Women and girls appear to be arriving in all camp areas in increasing numbers, some seeking legitimate employment. But as there are few opportunities for girls who have no skills and no established work habits, they must resort to such work as is available to them as waitresses and employees in the cheap joints at low wages. With these unwholesome influences surrounding them, the step is short to their exploitation in commercialized prostitution, when there is no protecting agency alert to their dangers and ready to give service.

### *Steps Toward Local Action*

The Division of Social Protection in the Office of the Coordinator of Health, Welfare and Related Defense Activities, proposes to

utilize the services of existing public and private agencies in establishing, in these areas around camps and defense industries, facilities to meet the needs of these girls and women.

In those communities where the only service is that of administering public assistance, it may be possible to expand their functions. America will indeed be short-sighted if it does not recognize the opportunity at this time of interpreting to the citizens in the communities now affected, the type of service every community should provide even in so-called normal times, as well as during a period of emergency. Every effort will be put forth to bring the public officials and the citizens to a realization of their problems and their responsibility in meeting them. This is not a job for the federal government alone, but one in which the local communities, states, counties and municipalities must participate if a constructive, broad program of social protection is to be a success.

Most of our States have adequate laws for social protection, but without a strong law enforcement policy, which in itself serves as one of the best deterrents to both adult and juvenile delinquency, little of a constructive nature in a program of prevention can be expected.

The local law enforcement agencies should have on their force a staff of well qualified men and women who are skilled in the field of social work, and have a knowledge of protective and preventive services for both boys and girls. Their responsibilities should be the inspection of places of commercialized recreation, observing conditions leading to the exploitation of girls and young women and, when undesirable conditions are found, unhesitatingly taking immediate correctional steps.

### *Prostitutes Are People*

There are many ramifications and contributing factors in the problems presented by migratory girls and women. Where do they come from? Why do they leave? are the questions constantly before us. There are some, and we like to believe it is a relatively small number, who are the usual camp followers, the women who have for various lengths of time been prostitutes in other localities. The camp areas now open a new field to them. For this group we can hope to do little in the way of rehabilitation, except to provide medical care and cure if possible, when, on apprehension, they are found to be infected with venereal disease.

But prevention is possible and necessary for the girls and young women who, for the first time, find themselves involved in serious situations or law violations, many of them away from their homes for the first time. We are endeavoring to set up facilities for a program that will give to them the type of special service their individual problems demand. Some, as stated before, leave their homes seeking employment; some want adventure; others would like to be near their boy friends or their brothers.



First of all, we must recognize that they left the place from which they came because they did not want to stay there, and few will wish to go back unless the conditions to which they must return can be made more inviting to them. For some, it was the economic situation in the family that was the determining factor in their departure. For others, it was, or may have been, the desire to replace the humdrum existence of a small rural community or farm life with the excitement and adventure they expected to find, and do find in city life and military centers. It will take intensive case work and tactful handling with a real understanding of the social forces involved to bring about a satisfactory adjustment for many of these girls. The return to the place from which they came may be most undesirable for the future welfare of the individual.

No decision can be made hastily. For some it will mean continued education, such as vocational training for work in private employment, as well as in defense industries. For others, depending on mentality and other factors, institutional care may be the desirable solution. But for all there should be provided wholesome, leisure-time activities, medical care when needed, social services to meet all social problems.

### *Mobilizing Local Resources*

To provide these services, all public and private agencies will be called upon to play their part. Some of the outstanding agencies whose services must be relied upon are: social hygiene societies, the vocational schools, public health, public welfare, Juvenile Courts, Police Departments, Travelers' Aid societies, National Youth Administration, Work Projects Administration, public employment services, all character-building agencies, such as YWCA, Big Sisters' organizations, Salvation Army, and other agencies of these types. In some of the defense areas the abnormal increase in population is such that the local communities cannot be expected to meet the problem. Even in other communities not so seriously affected, in spite of their sincere efforts, the shortage of funds and inadequate staff hampers their efforts.

As we consider this program along all fronts, it is quite apparent that effective law enforcement policies and measures must be closely correlated with a well-planned social program. A system of care must be established for those girls and women who become involved with the law or who need assistance and protection in establishing for themselves both economic security and a respected place in the community.

### *Better Detention Facilities Needed*

One of the most pressing needs over the country at the present time, appears to be adequate and suitable detention facilities for those girls and women who, in line with policies and practices in many parts of the country, are charged and convicted of vagrancy or disorderly conduct when arrested in houses of prostitution and

other undesirable places. Too often, placement in the local county or city jail for a few days is the only action taken; during this time, depending on the policies of the local law enforcement agency, examination and medical attention for venereal disease may or may not be given. There is no segregation of young girls who are first offenders from older, hardened prostitutes who are "repeaters," and who are only too ready and willing to disseminate undesirable information. Some of these jails have inadequate sanitary facilities and no women attendants.

There are some communities where steps are taken to bring about social rehabilitation by referring these girls to social agencies for care or by commitment to industrial or correctional institutions for an indefinite period of time. In other places, there appears to be no thought given to social rehabilitation, and after a few days in jail they are given their discharge with orders to leave town.

More and more emphasis is given to law enforcement under the defense program. Therefore it is reasonable to assume a large number of women will be apprehended by local law enforcement officials in communities adjacent to military reservations. It is not possible to estimate the number, but whatever that number will be, we are convinced the existing facilities in most local jails are utterly inadequate for detention purposes. Consequently, steps must be taken without delay to provide the necessary places of detention.

Federal financial participation may be necessary in order to stimulate and encourage local responsibility and action.

Proper detention facilities should include such minimum essentials as:

1. Individual rooms, well ventilated, heated and lighted. All should be provided with clean, comfortable beds.
2. Adequate sanitary and bathing facilities.
3. Plain, wholesome meals should be served at regular hours.
4. The rooms should be so arranged that segregation is possible. Habitual offenders should be separated from young girls and first offenders. Those persons who are mentally ill should be in separate quarters where they are under almost constant observation.
5. Women attendants should be on duty at all times, but because of their arduous tasks should not be required or expected to work longer than eight hours a day.
6. There should be a physician "on call" at all times.
7. Medical examination and treatment rooms with proper and sufficient equipment and supplies should be available.
8. Planned leisure-time program with plenty of wholesome reading material and handicraft work should be provided.
9. Provision should be made for the hospitalization of those found to have a venereal disease.

How can these requirements be met? Probably no one answer will meet the needs of every community. The Division of Social Protection is placing in the field well-qualified workers to assist communities whose problems have been increased as a result of military and defense industry activities to plan services to meet their needs. The local community which wants consultation will find these workers ready to help them meet their local issues.

## PROSTITUTION ABATEMENT IN A VENEREAL DISEASE CONTROL PROGRAM

G. F. MCGINNES, M.D., DR.P.H.\*

*Director, Memphis-Shelby County Venereal Disease Control Project,  
Memphis, Tennessee*

AND

HENRY PACKER, M.D., DR.P.H.

*Associate Professor, Preventive Medicine, University of Tennessee  
Medical School, Memphis, Tennessee*

The word "abatement" is used in the title rather than "control" or "elimination", as it is believed that the former term brings the problem more within the realm of reasonable objective and accomplishment than do the other more presumptuous adjectives. Presumptuous indeed would be any program which would lay claim to control of prostitution so long as the fundamental factors which create a demand for prostitution continue to exist, as they do now, in our social and economic structure. The more modest aspiration of prostitution "abatement" is believed to be more in line with the realities of this problem as it exists in our era.

Segregation, toleration, and medical supervision, in varying degrees and combinations, have been utilized in approaching the problem of prostitution since time immemorial, and are still employed today, in spite of the fact that not a single instance of the effectiveness of such measures is recorded. One cannot help but recall the facetious suggestion by Bernard Manville in the seventeenth century that all prostitutes be segregated in sumptuous colonies, where they would be periodically examined and if found to be infected too frequently in plying their trade, would be honorably discharged, and that in determining the criteria for such discharge, "three claps shall equal one pox". Segregation in the form of "red light" districts is still countenanced in many American cities today on the plea that it represents the lesser of many evils. There are also all too many instances of attempts by officialdom to

\* Director of Venereal Disease Control Program, State Department of Public Health, Nashville, Tennessee, since April 1, 1941.

regulate prostitution which have resulted solely in dirtying the hands of public officials.

*Prostitution Thrives on Defense Emergency*

The present defense emergency has focused increased attention upon the rôle of the prostitute in the spread of venereal disease. The congregation of millions of American youths into army camps has acted like a blood transfusion to a profession suffering in recent years from serious competition from non-professional sources. Prostitution has heard the distant clarion call, and stands ready and willing to serve our youth, who, removed from the usual restraints of home life, offer a fertile soil for the implantation of the venereal diseases.

No longer can military authority alone cope with the problem, for the impracticability of putting a few local houses of prostitution "out of bounds" is evident when modern methods of transportation convey soldiers hundreds of miles from camp in a matter of hours. The problem of prostitution facing military officials today is a problem for which the civilian population must accept responsibility, since it lies totally outside the jurisdiction of the military, and wholly within the sphere of influence of the civil authority.

Is there any evidence that organized community effort in a civilian population can be successfully applied toward the abatement of prostitution? This paper does not aspire to answer this question with a categorical affirmative. Rather, an effort will be made to present what is believed to constitute an endeavor, through mutual cooperation between health and other official agencies in a Southern city, to approach the problem in a rational manner. The contention is made that the success of a prostitution abatement program cannot rise above the level of the determination of public administration officials, the integrity of police officials, the availability of public health facilities, and the degree of public enlightenment. Without all of these components and without an understanding by each of them of the common objective, the attempt is well nigh futile. What can be accomplished by harmonious effort on the part of the above agencies is presented in the following description of how the problem was approached in the city of Memphis.

Memphis has never laid claim to a lily-white reputation insofar as prostitution is concerned. Due to its location at the intersection of three states, the city has served as a mecca for philandering youth, and oldsters too, from small towns in the tri-state area which it serves as a business metropolis. Memphis retail stores draw much of their income from customers living within a wide radius of the three states to which Memphis forms a hub. However, many come to play, as well as to pay, and from the former, Memphis prostitutes have received much tribute, and in return have given much venereal disease.

*One Answer—Supervision?*

When the Memphis-Shelby County Venereal Disease Control Program was inaugurated in March, 1939, a system of tolerated prostitution, partly supervised regarding periodic examination, was in existence. Accepting prostitution as a necessary evil, local police officials had decided to permit a restricted number of houses of prostitution to operate undisturbed. The inmates of these houses were periodically checked by the police, and so long as they were able to present evidence of a blood test within the past month, or current treatment, they were not molested. Street solicitors were arrested, however, and if they could not present evidence of a recent negative blood test, were taken to a public clinic for examination. The negative reactors could post bond of \$10 and obtain immediate release. Those found to be infected were fined \$75. The purpose of the heavier fine when infection was present was to make it more difficult for the prostitute to pay her way out, so that she would have to accept sentence to the Penal Farm, where treatment was available. A surprisingly large number of prostitutes who could have paid out accepted sentence to the Penal Farm, largely due to the efforts of a benevolent police matron, and the fact that the Penal Farm was a model institution of its kind, noted for the humanitarian treatment accorded its inmates. However, no facilities existed for following up these prostitutes after release to see that treatment was continued. Also, prostitutes who paid their fine were immediately released and usually returned to their occupation without delay, as indicated by the numerous repeaters with lengthy records in the police files of those days.

Under this system, prostitution flourished in the small hotels and rooming houses which abound in the vicinity of Main Street, and which catered especially to prostitutes. Many of these rooming houses were rented only to girls who were willing to divide their earnings with the landlady. These girls plied their trade on the premises and also catered to the hotel trade, which was solicited by bell-boys and taxi-cab drivers, and for which a commission was paid out of the prostitute's fee. Frequently the commission was paid in trade rather than in money, and complications were often reported when colored bell-boys demanded payment of white prostitutes in trade rather than money, on threat of boycott. In any case, the leading hotels were infested with prostitutes who plied their trade openly, if not actually with the tacit approval of the hotel management.

*Infections from "Supervised" Prostitutes*

Prostitutes were frequently named as sources of infection of patients in the clinics of the venereal disease control program, and these were investigated by the epidemiologist in the same manner as were all contacts of early cases of syphilis. In practically every instance, however, the suspected source of infection was able to present a certificate of examination within the past month indicating either a negative Wassermann or current treatment. Many of these

blood tests had been made in our clinics and signed by our own physicians, and many of these individuals were also being treated in our own clinics. Cases were frequently encountered of prostitutes who had received just enough treatment in our clinics to obtain a negative serology, and had then obtained a health certificate indicating a negative serology from a private physician by denying previous infection. In other instances physicians gave health certificates on the basis of negative serology even when recent infection was recognized, and without regard to the amount of treatment received. Certain physicians who catered to this type of clientele were noted for their leniency in this regard.

The operators of houses of prostitution showed no reluctance to cooperate with the epidemiologist in identifying suspected prostitutes when incomplete identification data were available, and pointed with pride to the fact that "every girl in my house has a health certificate." One can well imagine the false sense of security bestowed upon the unwary prospective customer by this display of certified purity. It became evident soon, that a sufficient number of reasonably certain sources of infection of clinic cases were prostitutes who displayed health certificates indicating negative serology or current treatment, and since medical supervision can demand no more than this, that it was a miserable failure. A negative Wassermann test may be present, of course, in an infectious case of syphilis which has had inadequate treatment, and it is even possible that the prostitute who is under active treatment for syphilis may passively transmit the infection in a series of sexual contacts over a short period of time, although we can offer no definite proof of this. In any case it became clear that the epidemiologic investigation of sources of infection among prostitutes under these circumstances of supposed medical supervision was a futile gesture. It was evident that one could not compromise with prostitution through quasi-medical supervision.

#### *Abatement Begins with Police Court Clinic*

One of the first steps in the prostitution abatement program was the establishment at police headquarters of a diagnostic clinic through which all arrested individuals, except traffic law violators, were required to pass for examination. It is a well-recognized fact that the incidence of venereal disease is high in law violators, and it was believed that this group would offer a fertile field for case-finding. It was expected that a large number of prostitutes would pass through this clinic, as sooner or later these individuals fall afoul of the law either in practicing their profession or through other forms of lawlessness which go hand in hand with prostitution. Also it was felt that the diagnostic clinic would help direct much-needed attention toward those who patronize prostitutes, and who, although responsible for the infection of the prostitute, usually escape scot-free while the prostitute is penalized. Prostitution is so closely allied to the kindred social evils of drunkenness, drug addiction and larceny, that the individuals on the police blotter for these charges can be considered to be, for the most part, those who patronize and exploit this pro-

fession. Certainly these individuals deserve attention and examination as much as the prostitute herself, and it was believed that this group could best be reached through a clinic of this kind. This clinic is held daily at 8:00 a.m. and a report on the blood serology and smear for gonorrhoea is available to the judge on the same day when these cases come to trial at the afternoon session of court.

### *Legal Powers of Health Department*

Next, the legal advisers of the city and county were consulted regarding the legal powers of the health department in regard to isolation and quarantine in cases of venereal disease. It was found that a state law in existence for twenty years provided broad powers to the health department in examining suspected individuals for venereal disease, and also stated that the health department could designate any place of quarantine for individuals infected with venereal disease. A city ordinance was also found which authorized the health department to call upon the police department for aid in enforcing public health laws.

In determining upon a place of quarantine, the legal advisers were again consulted, and recommended that a medical institution and not a penal institution be used for this purpose. Forced labor is required at the local penal institution, and it was pointed out by the legal advisers that individuals under quarantine cannot be forced to work as in the case of law violators, and that, therefore, a hospital would be a more justifiable place for quarantine. The county administration in charge of the Shelby County Hospital was approached on the matter, with the result that three wards totaling sixty beds were set aside for the quarantine of venereal disease cases at the county hospital. Arrangement was made to provide active treatment to those under quarantine. (It will be noted that the word "quarantine" as used here implies restriction of the infected individual, although it is recognized that, strictly speaking, the term should be used with reference to contacts of an infected person.)

### *Police Clean-up Campaign*

Two weeks after the establishment of the diagnostic clinic at police headquarters, and the clarification of the legal powers of the health department, the Commissioner of Police, a man of great integrity and determination, announced that all houses of prostitution must be closed within ten days. A deadline at midnight was set, beyond which severe penalties were to be dealt out to those who failed to heed the decree. In a newspaper announcement, the Police Commissioner stated, "Women are being shipped to Memphis like cattle. Aside from spreading disease, they are in league with pickpockets, hold-up men, et cetera, and in the wake of such lawlessness there is every form of graft. This condition is intolerable and I do not intend to stop until Memphis is freed from this evil of commercial vice." Prostitutes were warned that vigilance would be exerted to see that they did not move into residential communities. The County

Sheriff cooperated by notifying tourist camp operators that if they rented cottages to prostitutes their camps would be closed. Operators of tourist camps were also instructed by police to take license numbers of all patrons.

To many this may have appeared as a flash-in-the-pan clean-up campaign which would soon be forgotten and the former state of affairs restored. They were mistaken. So emphatic was the police ultimatum that of the approximately 500 to 700 prostitutes in Memphis, police estimated that 90 per cent left town by the time of the deadline. On the deadline day, all houses of prostitution were visited, and if found to be open, the inmates were hustled off to jail. During the days and weeks that followed, many a small hotel or rooming house obviously maintained to serve prostitution was padlocked. Known prostitutes were arrested on sight and severely dealt with, as will be described later. The larger hotels were notified in no uncertain terms that the activities of their personnel in fostering prostitution would be dealt with to the fullest extent of the law.

The campaign was not without its repercussions within the police department itself. It appeared that certain members of the police force had underestimated the sincerity of the police commissioner, and had tended towards leniency or even to advising prostitutes to lay low for a time as the whole thing would soon blow over. In any case, a shake-up soon occurred in the police department, with the discharge of a police captain and many subordinates. It soon became clear that the police commissioner meant business and that the jobs of those who failed to see their duty clearly were forfeit.

While the above was taking place, the health department remained strictly clear of the police aspects of the campaign, but no time was lost in formulating plans and establishing procedures for carrying out the public health aspects of this drive against prostitution. From a public health standpoint, the problem was one of determining the existence of venereal disease in prostitutes and seeing that infected prostitutes were removed as sources of infection in the community. Due to the previous establishment of the diagnostic clinic at police headquarters, the former was easy to arrange for, and every arrested prostitute was examined here for syphilis and gonorrhoea with complete disregard for any display of health certificates.

#### *Infected Prostitutes Quarantined*

Provision for the other phase of the problem required careful consideration and planning. Armed with the legal powers which have been previously defined, a plan of procedure was decided upon. An arrangement was made with the police department whereby all prostitutes with venereal disease were to be held for the health department after disposition by the city judge. No longer could a prostitute simply pay her fine and resume her former activity in the community. The powers of the health department under state law were invoked to the fullest degree, and every infected prostitute was placed under quarantine under an order signed by the city health officer.



The procedure followed was that each prostitute first received treatment at the penal institution for the duration of the sentence imposed upon her by the court (usually from 50 to 75 days). Prostitutes who attempted to avoid incarceration in the penal institution by paying their fine were warned that this was futile, as they would simply be transferred to the county hospital under quarantine order for the full duration of their sentence and quarantine. A few decided to contest the legality of this procedure in a higher court on *habeas corpus* grounds, but in each case the authority of the health department to quarantine cases of venereal disease in any designated place was upheld. After the sentence at the penal institution was served, the prostitute was placed under quarantine for an additional ten weeks at the county hospital, where further intensive treatment was given. Following release, the prostitute was referred to a clinic for further treatment, with the warning that failure to complete treatment would result in further incarceration. Due to the inability of these prostitutes to continue their occupation as a result of the continued vigilance of the police, they usually left town and were lost to the follow-up service. Memphis was no longer a place for "easy pickings" for these people.

#### *Exploiters Prosecuted*

As stated previously, one of the objectives of the diagnostic clinic was to reach those who patronize and exploit prostitution, as well as the prostitute herself. Bell-boys and taxi-cab drivers have frequently been arrested when evidence existed that they were soliciting for prostitutes. Many a "husband" who sought to exploit his wife in prostitution found himself in the diagnostic clinic at police headquarters. Men found to be infected with syphilis or gonorrhea at the diagnostic clinic are given an opportunity to take treatment voluntarily. They are referred to a clinic or private physician, and are followed to see that they report for treatment. Failure to do so results in arrest and quarantine, which is a procedure followed in all recalcitrant cases of infectious venereal diseases that come to the attention of the venereal disease control program.

#### *Free Treatment*

It should be mentioned at this point that through the Memphis-Shelby County Venereal Disease Control Program, free treatment for venereal disease has been made available through the establishment of 52 clinics throughout Memphis and Shelby County. In the city of Memphis, 33 clinic sessions a week are held during the day and night at five clinics located in centers of clinic population. In the county outside of Memphis a Mobile Clinic which makes 47 stops per week brings treatment within a few miles of every resident of the county. Epidemiologic investigation of contacts of all new cases is actively pursued, and intensive follow-up of delinquent early cases of syphilis is carried out in the program. These highlights of the program are briefly mentioned as a background setting for the diag-

nostic clinic at police headquarters which has been mentioned from time to time in this discussion.

### *The Police Diagnostic Clinic as a Case-Finding Agency*

In this purely narrative report, statistical tables will not be presented, but mention should be made of the productiveness of case-finding through the medium of this diagnostic clinic. During the first year of its operation, white women examined at the diagnostic clinic showed a syphilis infection rate ranging from 20 to 45 per cent monthly, indicating for the most part, the detectable infection rate for syphilis in prostitutes. No other group of white women shows such a high infection rate. For comparison, the syphilis infection rate in white pregnant women registered with the City Health Department in 1940 was 2.8 per cent.

Among colored women examined at the diagnostic clinic the infection rate ranged from 35 to 70 per cent monthly, compared to a rate of 27 per cent in pregnant colored women registered with the City Health Department.

Among white men examined at the diagnostic clinic, the infection rate for syphilis ranged from 7 to 17 per cent monthly, a rate many times higher than the rate of 2.3 per cent found in white men in Shelby County in selective service examinations.

Among colored men examined at the diagnostic clinic, the syphilis infection rate ranging from 25 to 39 per cent was not appreciably higher than the rate of 30 per cent found in colored selective service examinations, indicating that arrested Negroes form a representative rather than a selected sample of their race, unlike white men and women examined in this clinic.

The above figures are presented to indicate the productivity of case-finding efforts through the diagnostic clinic at police headquarters, especially when applied to white men and women.

### *Continued Vigilance Needed*

The program described above makes no pretense of having achieved permanent abatement of prostitution. Continued vigilance and repressive measures must be made a routine procedure without prospect of relaxing effort at any time in the future. Undoubtedly a certain amount of prostitution has escaped the vigilance of the police and will continue to do so. However, disheartening difficulties now beset the path of the prostitute who attempts to follow her profession in Memphis. She has been dealt with in such a manner that Memphis would hardly be considered a happy hunting ground for her kind. By the closing of houses of prostitution, easy access to the prostitute has been hindered. It is contended that the more obstacles that are placed in the way of contact between the prostitute and her patron, the fewer exposures to venereal disease there will be. On the other hand, the more accessible the prostitute is, and the more encouragement she is given under the pretext of medical supervision

or segregation, the more brazen will she and her cohorts become in advertising her wares, and the more exposure to her infection there will be. *There can be no compromise with prostitution.* If it is condoned, it is promoted. Suppression by every means available, using the administrative, legal, judiciary, and public health weapons of the community trained upon this common enemy appears to be the only rational policy.

#### *A Problem of National Scope*

It would be puerile to believe that those prostitutes who have found Memphis inhospitable to their profession have sought out more respectable occupations. Rather, there is plenty of evidence that they have simply shifted the scene of their activities to more tolerant climes. Those communities which are asleep to the problem of prostitution will soon find themselves host to these emigrés from enlightened communities. However, it is evident that with modern methods of transportation, the abatement of prostitution in one community has limited value in preventing exposure to prostitutes, if the latter simply move on to the next town. A program of national scope appears to be the only solution. Suppression must be practiced on a nation-wide scale to be effective. A program of such national scope could not have chosen a better moment for its initiation than the present national defense emergency, which has focused public attention upon the extent of venereal disease in the youth of the nation and upon the hazards of military life in exposing our youth to infection with the venereal diseases. The responsibility for such a program rests with civilian agencies. Possibly a pattern of cooperative effort such as has been worked out in Memphis may be effective on a national scale. If officials in public administration, police departments, judiciary bodies, and health departments fail to take advantage of the present emergency to cooperate in the common cause of prostitution abatement, it is doubtful if such a golden opportunity will ever again present itself.

---

“It is my deep belief that an attack upon organized commercialized prostitution is one of the necessary factors in a co-ordinated campaign against syphilis . . .”

THOMAS PARRAN, M.D.

*Surgeon General, United States Public Health Service,  
in his book Shadow on the Land—Syphilis.*

# THE SUPPRESSION OF COMMERCIALIZED PROSTITUTION IN THE CITY OF VANCOUVER

DONALD H. WILLIAMS, M.D.

*Director, Division of Venereal Disease Control,  
British Columbia Board of Health*

Ahead lie days of national danger, days when free democracies are literally fighting for existence. Two major tasks confront the people. One is to make the nations so strong that attacks from without may be resisted—and with this necessity none will disagree. The other is to expose and disarm all of the internal enemies which seek to undermine national strength and efficiency.

It is a fact that while the activities of fifth-columnists and foreign agents have received wide attention and have inspired demands that these subversive forces be suppressed, the most destructive agents within a country are not the ones who are paid by foreign governments. The agent which causes the greatest havoc and does most to undermine the efficiency of a nation is disease—all serious diseases in general and the venereal diseases in particular. It is essential to a more efficient national defense effort that every citizen be given information concerning the two diseases which form a "fifth column" in our midst. These diseases are syphilis and gonorrhoea. The critical days of national emergency require that every citizen in our free democracies make it his duty to assist in reducing the menace of venereal disease. We know that the control of syphilis and gonorrhoea is not entirely a medical problem. It is also an economic problem, a social problem, an educational problem; it is a problem so deeply rooted in our society that the cooperation of every citizen is needed to solve it.

The measures necessary to control syphilis and gonorrhoea are well-known, and they have been tested. The control of venereal disease is not in the realm of theory or Utopian dreams. The brilliant accomplishments of the Scandanavian countries<sup>1, 2, 3</sup> during the past thirty years are well-known. With enthusiastic acclaim health

authorities throughout the world point to the reduction of syphilis in these countries to almost a vanishing point.

What are the measures which have so effectively controlled venereal disease in these countries? They are—medical care, education, social and economic improvement and law enforcement. Before them the barrier of prudery, defeatism and the vested interest of commercialized prostitution has crumbled. Today this barrier is crumbling in America. The “conspiracy of silence” that has enveloped the subject of venereal disease has been broken. Every citizen may now know the facts, and by this knowledge he suddenly will see revealed the sordid, mercenary “business” of commercialized prostitution as a community fester from which spreads venereal disease, suffering and death.

Commercialized prostitution, in the words of Abraham Flexner<sup>4</sup> “is everywhere purely mercenary, everywhere rapacious, everywhere perverse, diseased, sordid, vulgar and almost always filthy.” Commercialized prostitution is the illegal exploitation of venereally-diseased young women in bawdy houses. It is purely a mercenary business intimately associated with the criminal elements of society. The more evident exploiters are madames, pimps and procurers. The profits emanating from this illegal business, however, do not stop with these exploiters. The soiled monetary streams in their diverse ramifications reach back to certain persons so remote that their participation in the business is only recognized by their indignation when the source of profits is disturbed by the efforts of those interested in stopping this disease-dispensing exploitation.

In this illegal business there lies a prolific source of fresh venereal infection. Frequently the highly diseased state of the young women exploited is given a superficial veneer of apparent good health by certain physicians whose palms are crossed with bawdy house coin in return for fraudulent and worthless medical certificates.

It is alarming to learn that, in spite of our laws and of the voice of public health authorities such as Parran<sup>5</sup> and Rosenau,<sup>6</sup> venereal-disease-riddled, commercialized prostitution has continued in many communities to flaunt the law and spread infection. This situation can no longer be tolerated. Up to the present time, ignorance of the facts and indifference on the part of citizens have permitted this health menace to continue. Now the expediency of national defense demands that the “fifth column” of commercialized prostitution cease its insidious undermining of our efficiency through the spreading of venereal disease to “the young, the brave, the strong” engaged in essential civilian and military war work. The vigorous enforcement of sections of our laws directed against the exploiters of diseased prostitutes is essential to maintaining a highly efficient war effort. Most citizens will see the soundness of this policy. Some will raise objections,—either because the enforcement of the law will cut off their profits in the business; or because of misinformation regarding commercialized prostitution. The latter objection is quite understandable in many instances, because for years the bawdy house

interests have deliberately spread their subtle and superficially plausible propaganda. Frequently well-meaning citizens in their ignorance of the truth unwittingly have given vocal support to a policy which is undermining public health, and by their utterances have facilitated the spread of venereal disease and sealed the doom of many of their fellow citizens.

What is the false propaganda of the bawdy house interests which has misled so many citizens? It is important that each citizen learn the truth regarding the red herrings which have been used in the past and will undoubtedly again be dragged across the public's path by the vested interest of commercialized prostitution. These "red herrings" will be readily recognized; the three principal ones are—that organized and regulated prostitution protects the community from, first, "spreading the professional prostitutes and their diseases throughout the city," second, "endangering the chastity of decent women and young girls by assault and rape," third, "the need for rehabilitation facilities before turning the prostitutes out on the street." The motives behind this fallacious propaganda have long been known to health authorities. The public does not realize that "spreading" in the sense of eliminating concentration of women in houses of prostitution is actually beneficial in that it makes access to the sources of disease more difficult; it separates the exploited prostitute from her exploiters; and the aggregate number of male exposures to her disease in a given time when she is on her own is only a fraction of the number of exposures when lax law enforcement makes access of patrons easy. Further, when they "spread" to more remote communities where health departments are not alert to their public-health responsibility and the law is flagrantly violated, they create a glut on the market in this locality and thereby the need to procure new prostitutes is reduced. At these distant points physically attractive young women are protected from the procurer. To complete the exposure of this fallacy, it is ludicrous to imagine that prostitution in any community is localized to a segregated area or ever can be. It is always "spread" even while the vested interest would lead the public to believe it to be nicely restricted to fixed abodes. Johnson,<sup>7</sup> legal expert with the League of Nations Committee on Traffic in Women and Children, pointed out from personal investigation in Paris that, although commercialized prostitution was supposed to be "localized" to 5,000 licensed prostitutes, it was in fact "spread" to between 50,000 and 60,000 additional unlicensed ones. It is the same in every community where an illegal "red light" district is tolerated.

The myth that women and children are in danger of assault and rape is empty of factual support in actual experience. The enforcement of laws directed against commercialized prostitution results not in an increase in assault but in a decrease. This nefarious business, like all businesses must boost its sales. This it does by many direct and indirect means. Every illegally operating bawdy house constitutes a centre of community aphrodisiac influence which builds up to unnatural proportion the desire of males of that community to

expose themselves to the diseased products of the house. Pelouze<sup>8</sup> has pointed out that "in cities wherein prostitution has been almost abolished for a time there is a decrease and not an increase in sex crimes, particularly rape." While the bawdy house interests attempt to frighten the public with the fallacious "assault and rape" propaganda, they or their friends never breathe a word about the countless wives and little children that suffer from venereal infections acquired by husbands and fathers in the very brothels which are held up as supposed safeguards.

The "red herring" of "rehabilitation" represents an effort to forestall any public demand for law enforcement. The danger of this propaganda lies in the fact that the demand for rehabilitation facilities is sound but the motives behind the demand are not. Rehabilitation of professional prostitutes is a most discouraging social task. Professional prostitutes are the last to wish for sympathy or rehabilitation. Their exploiters can usually find mutually profitable activity in distant communities and the prostitutes never linger long to cooperate in rehabilitation measures.

If these "red herrings" do not deflect public opinion, and law enforcement becomes temporarily an effective reality, bawdy house interests produce two "plays" for public consumption. These involve utilizing to the fullest extent the nuisance value of the professional prostitute as a follow-up to the "spread" propaganda. Immediately there occurs the "play" of professional prostitutes posing as street walkers and suddenly making themselves a very obvious nuisance on prominent streets. Along with this the exploiters move some of their diseased products to residential districts and often deliberately near the homes of citizens whose cry of "spread" will be loudest and most effective in veering public opinion back to its tragic attitude of tolerance toward re-establishing the disease dispensaries in their former haunts. The public is not cognizant of the fact that effective law enforcement can force landlords and lessors to keep the madames and their diseased wares trundling from house to house until the profits are gone and the patrons give up in their attempt to find the constantly moving madame and her girls.

The essence of suppression of commercialized prostitution by effective law enforcement lies in its power to render this prolific source of disease *less accessible*. Accessibility is the key point. It is obvious that prostitution can never be wiped out, but it can be made more difficult and be resolved to a man-woman relationship which is not exploited by third parties.

In Canada, in the Province of British Columbia, following the institution of a more effective venereal disease control effort, commercialized prostitution was unloaked in its true light as a serious public health menace. This was due chiefly to an efficient epidemiological service in the City of Vancouver. The Provincial Board of Health drew the attention of citizens and civic officials to this matter. The bawdy houses which had been flagrantly violating the Criminal Code of Canada were closed in February, 1939. In the first few

NEW MALE PATIENTS ADMITTED TO THE VANCOUVER CLINIC  
showing monthly frequency distribution

July 1, 1937 to June 30, 1941

Provincial Board of Health  
Division of Venereal Disease Control  
British Columbia

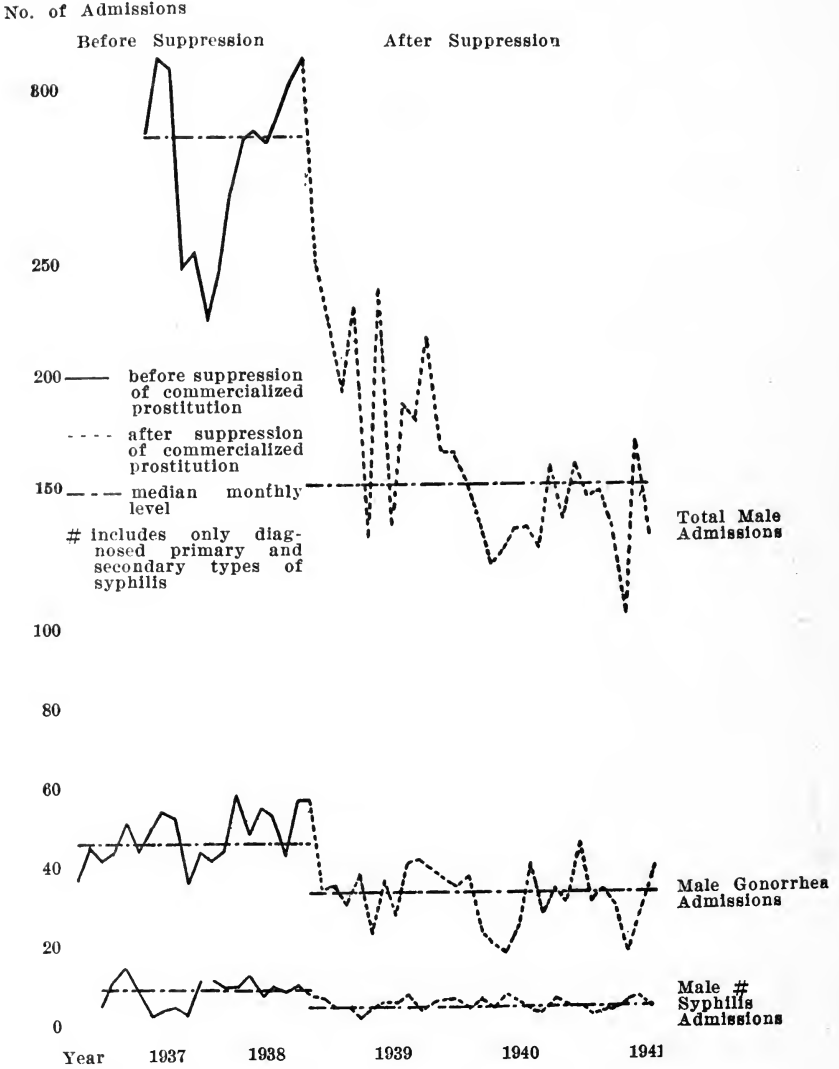


FIGURE 1



months thereafter the houses remained almost completely inactive; gradually, however, a number of these disease dispensaries began to operate surreptitiously and have continued to do so since, though to a far lesser degree than previous to the institution of the policy of suppression. Fortunately, this action, which antedated the onset of the war, served not only as a civilian public health improvement but also as an aid to a more effective war effort.

The results of the suppression of commercialized prostitution in the City of Vancouver covering a seventeen-month period have been reported.<sup>9</sup> To these now may be added an additional eleven months' experience. That the suppression of the activities of professional prostitutes "certified free from venereal disease," a sample of 65 of whom were found to be infected to the extent of 72 per cent, would lead to reduced venereal disease was obvious. A part of the picture of this reduction is clearly illustrated by a study of the records of the Vancouver Clinic of the Division of Venereal Disease Control. In *Figure 1* is shown in graphic portrayal the striking effect suppressing commercialized prostitution had upon male admissions to the clinic. From a median monthly level of 292.5 patients for a period of 14 months before suppression, the level dropped precipitously to 176.5 for a period of 28 months after suppression—a reduction of 39.3 per cent.

An analysis of the admissions showed a 29.0 per cent decrease in gonorrhea, the median monthly level dropping from 58.5 before suppression to 41.5 after. If this striking reduction in disease, with all the cost it involves and the potential danger it represents to innocent citizens, has been noted in the clinic clientele, it is obvious that an even greater saving in improved public health among the larger non-clinic group of men has taken place.

Among the male admissions for primary and secondary syphilis a reduction of the median monthly level from 9.5 to 4 was observed. The public-health significance of this 58 per cent decrease in those forms of syphilis which are most highly communicable cannot be overestimated.

The difference between the total male admissions and those found to be suffering from gonorrhea and syphilis in its primary and secondary stages consists of men suffering from late and latent syphilis, those found to be free from infection and a few whose examinations were incomplete. The reasons for the precipitous drop in this group is accounted for largely by those found to be free from infection. Most of these men were admitted to the clinic because they had been recently exposed and were anxious to determine the status of their health. With closure of bawdy-houses they were not able to expose themselves easily and hence the necessity of examination did not follow.

The possibility that some factor associated with the institution of the policy of suppression might frighten male patients from the clinic was considered. Investigation of the new notifications by private physicians in Vancouver immediately following suppression

did not show an increase as might be expected if this were true. Instead a drop coincident with that noted at the clinic is recorded.

The policy of suppression was in force for six months before the outbreak of the war. The influence of the war factor on the statistics for this period would be insignificant as there was no great change in the status of males in the civilian population. After September, 1939, it appeared likely that this factor would have its effect in reducing the incidence of male admissions to the clinic. This may be compensated for, however, by the general tendency for venereal disease to increase during war. It is highly significant to observe that in spite of being at war for 22 months the trend still continues downward. It cannot be maintained that the reduction in venereal disease depicted in figure 1 has been due entirely to the suppression of commercialized prostitution. Certainly the precipitous drop immediately after the closure of the bawdy-houses can be associated with this improvement. Since then, however, the institution of additional methods of control, of which lay education has been most prominent, has played an important rôle in maintaining a favorable trend.

In *Figure 2* is shown a comparison of commercialized prostitution as a source of male gonorrhœa in the Vancouver Clinic before and after suppression. Prior to the policy of suppression, of 358 male patients admitted suffering from gonorrhœa 88 or 24.6 per cent named professional prostitutes in illegally-operating bawdy-houses as the source of their infection. Epidemiological follow-up substantiated most of these allegations. For the 28-month period since suppression, bawdy-house sources in a group of 747 admissions have accounted for 52 or 7.5 per cent. This represents a very substantial reduction, and again it should be emphasized that this portrays only a part of the picture.

The male clientele of the clinic consists largely of indigents, relief recipients and a few in the lower-wage brackets. Their economic status is such that they are not able financially to expose themselves to the disease of commercialized prostitution to the same degree as are men in a better financial position. Among the latter it might reasonably be expected that the incidence of infection from bawdy-houses would be higher. This is supported by comparative annual rates of new notifications of syphilis and gonorrhœa in male occupations. These are highest in loggers, miners and fishermen, whose chief source of exposure is commercialized prostitution. Large as is the amount of infection emanating from bawdy-houses as seen at the Vancouver Clinic, it undoubtedly is only a small proportion of the actual disease in the male population emanating from these sources. It is not necessary to emphasize that the ever-extending net of infections originating in these places spreads far and catches in its web many innocent women and children.

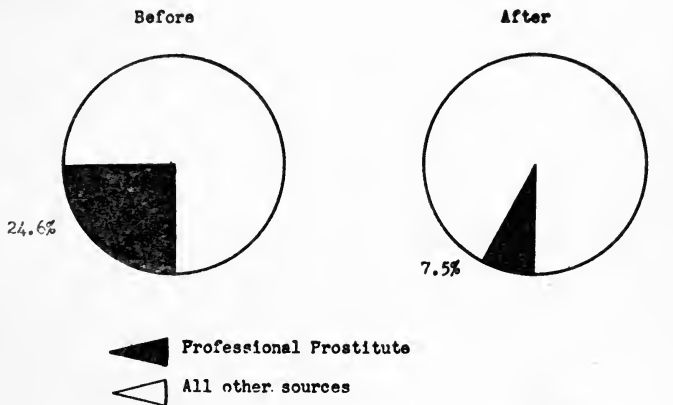
The problem of prostitution is fundamentally a social and economic one, the solution of which lies principally in the correction of numerous defects in our social fabric. Suppression of commercialized prostitution, as demanded on behalf of a more efficient war effort

and as approved by health authorities, seeks not to wipe out prostitution but to make it inaccessible and reduce it to a man-woman relationship free from the mercenary participation in this relationship of a third party.

THE PROFESSIONAL PROSTITUTE AS A SOURCE OF INFECTION AMONG 1105 NEW MALE PATIENTS WITH GONORRHEA ADMITTED TO VANCOUVER CLINIC BEFORE AND AFTER THE SUPPRESSION OF COMMERCIALIZED PROSTITUTION WAS UNDERTAKEN

Provincial Board of Health  
 Division of Venereal Disease Control  
 British Columbia

August 1, 1937 to June 30, 1941



Source	Before		After	
	Number	Per Cent	Number	Per Cent
Professional Prostitute	88	24.6	52	7.5
All Other Sources	270	75.4	695	92.5
Total	358	100.0	747	100.0

FIGURE 2

We are engaged in a mortal struggle in which our way of life is at stake. In our communities are stationed thousands of young men upon whose health depends the future of our democracy. In our midst live many citizens whose civilian tasks in industry and in business are essential to an effective national defense. It is our duty to see that the "fifth column" of illegally-operating, disease-dispensing, commercialized prostitution be not permitted to undermine the health of these important military and civilian persons. It is our duty to support vigorous enforcement of the laws directed

against commercialized prostitution. The business of commercialized prostitution must go! National Defense demands it! An improved public health demands it! Commercialized prostitution and its venereal disease are on the way out! Decent citizens will no longer tolerate this "fifth column."

#### References

1. Harrison, L. W., et al.: British Ministry of Health, Report No. 83, London.
2. Madsen, Thorvald: *The Control of Syphilis and Infectious Diseases*, p. 6, Baltimore: Williams & Wilkins.
3. *Abolition of Licensed Houses*, Report—Committee on Traffic in Women and Children, League of Nations, 1934, Geneva.
4. Flexner, Abraham: *Prostitution in Europe*, p. 33, New York: Century.
5. Parran, Thomas: *Shadow on the Land*, New York: Reynal and Hitchcock.
6. Rosenau, Milton J.: *Preventive Medicine and Hygiene*, 6th ed., p. 472, New York: Appleton-Century.
7. Johnson, Bascom: *The Prostitution "Racket"*. J. Soc. Hyg., 1939, 25:209.
8. Pelouze, P. S.: *Gonorrhoea in the Male and Female*, 3rd ed., Philadelphia: Saunders.
9. Williams, Donald H.: *Commercialized Prostitution and Venereal Disease Control*. Canadian Public Health Journal, 1940, 31:461.

#### TO THE READER

This issue of the JOURNAL OF SOCIAL HYGIENE, fifth in the series on Social Hygiene and National Defense, is presented both as an encouraging record of progress to the veteran forces in the attack on commercialized prostitution, and as a practical guide and handbook for those newly recruited in this long-time, difficult campaign to conquer one of the most vicious enemies of American health and happiness. The editors make grateful acknowledgment to all who have contributed to the issue, and especially to Doctor Walter Clarke, Executive Director of the American Social Hygiene Association, who served as guest editor.

Additional copies of this number may be secured for 35¢ each, \$3.00 per dozen. Previous issues in the series have been:

- I. **The National Program**, November 1940.
- II. **A Community Program**, December 1940.
- III. **An Industrial Program**, April 1941.
- IV. **A Youth Program**, May 1941.

*The set of five issues is available at \$1.25 postpaid.*

For further information concerning the JOURNAL OF SOCIAL HYGIENE and other social hygiene publications, including books, pamphlets, films and exhibits, please address:

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 Broadway, New York, N. Y.

# Journal of Social Hygiene

A Special Number

on

The Schools and Education for Family Life

## CONTENTS

An Approach to Sex Education in Schools.....	Mabel G. Leshner et al....	373
Sex Character Education in Twenty-One Private Schools in New York City.....	J. A. Goldberg.....	380
A Challenge to English Teachers.....	Alice M. Steen.....	391
Where Shall We Teach?.....	W. W. McFarland.....	395
Editorials:		
"Prime Objects of Civilization".....		398
The Schools and National Education.....		399
National Events.....		400
News from the 48 Fronts.....		407
Industrial Notes.....		413
In and Out of the Newspapers.....		415
Publications Received.....		417
Announcements.....		420

Sixth National Social Hygiene Day

February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM  
EDWARD L. KEYES

WILLIAM F. SNOW  
JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*  
WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.  
BERTHA M. SHAFER, M.D., *Field Consultant*

SOUTHERN STATES DIVISION: New Orleans, La.

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.  
W. FORD HIGBY, *Field Consultant*

WASHINGTON, D. C., DIVISION: 927-15th Street, N.W., Room 311  
MRS. GERTRUDE R. LUCE, *Field Secretary*

# Journal of Social Hygiene

VOL. 27

NOVEMBER, 1941

NO. 8

## A Special Number on The Schools and Education for Family Life

### AN APPROACH TO SEX EDUCATION IN SCHOOLS

NUMBER ONE

*of a Series of Bulletins on*

#### EDUCATION FOR FAMILY LIFE \*

*Prepared by the Education Committee of the New Jersey  
Social Hygiene Association*

MABEL GRIER LESHER, A.M., M.D., *Chairman*  
(For a list of Committee members please see page 378)

The Education Committee of the New Jersey Social Hygiene Association has been making a study of the needs in this state in the field of sex education and believes there is an increasing public demand in many sections for the schools to assume more responsibility along these lines.

\* See page 379 for note on the second of this series.

Furthermore, the results of a questionnaire-survey<sup>1</sup> made during the spring of 1940 indicate that many school administrators also believe the schools should set up a more adequate program of sex education. Seventy per cent of those who replied to the questionnaire agreed that more emphasis should be put on this phase of education.

Dr. Maurice Bigelow<sup>2</sup> says this trend toward an increasing interest in sex education as part of the preparation of youth for normal living is nation-wide. The American Social Hygiene Association is receiving more requests for help along these lines than formerly.

Youth faces many problems of personal and social adjustment. Those growing out of the sex factor are among the most difficult and vital. Young people themselves as well as parents, teachers, ministers, physicians, recreation leaders and social workers recognize the importance of education in this area, but many well-intentioned people lack a clear basis of understanding of objectives, content, methods, and personnel to meet this need.

There is always danger that, as a result of pressure, a hasty or ill-considered program may be introduced. Recognizing that undesirable results may follow premature or untimely efforts along these lines, this statement has been prepared to indicate the meaning, purposes, and basic principles which the committee believes should underlie the development of an adequate school treatment.

#### *The Preservation of the Family—A Goal of Sex Education*

The Committee endorses the report<sup>3</sup> of the 1930 White House Conference in advocating sex education in the schools and has the same purpose in mind, namely: "the preservation of the family and the improvement and enrichment of family life." The aims, principles and methods presented in the White House Conference report were accepted by the National Education Association and by the International Federation of Educational Associations. The need

<sup>1</sup> *Master's Thesis* by Evert R. Pearcy. Questionnaires were sent to 180 New Jersey superintendents and high school principals, 56% of whom replied.

<sup>2</sup> Dr. Bigelow is Chairman of the *National Education Committee* of the American Social Hygiene Association, Professor Emeritus of Biology at Teachers' College, Columbia University, and author of *Sex Education*.

<sup>3</sup> Report of the 1930 White House Conference, entitled *Social Hygiene in Schools*.



for this type of education was also recognized in the 1938 report of the American Youth Commission of the American Council of Education, and, still more recently, by the New York State-wide Study Committee<sup>4</sup> (1939), whose recommendations have been promptly translated into work plans.

In the words of the late Dr. Thomas W. Galloway, a pioneer in this field, "Sex education is much more a matter of mind and spirit than of biology or physiology—more a matter of interpretation of facts and inspiration to ideals than of instruction alone." This Committee believes that sex education is an inseparable part of the education of the total personality and that responsibility for such a purpose is shared by the home, school, church, and community agencies.

### *School Associations Influence Sex Attitudes*

Every person in the school system influences, consciously or unconsciously, the development of sex attitudes in the children associated with him, whether a policy of silence or one of complete and uncritical frankness is followed. Therefore, a positive, planned approach in the schools is recommended. It should be designed to give an appreciative understanding of the normality, universality, and potential value of the creative force of sex in life, and to help the individual to bring his sex life into harmony with a truly happy and social scheme of living. The relationships indicated by such words as "manliness, womanliness, love, courtship, marriage, home, father, mother, family life, sons and daughters, brothers and sisters, familial devotion, and brotherhood, represent the normal and natural fruit of sex and reproduction."<sup>5</sup>

The school program should be introduced at the nursery school or kindergarten level and be continued throughout the twelve grades as an integral part of the training in character building. A well integrated program should help to develop (1) satisfactory attitudes, experience and emotional controls, (2) finer present home and community understandings and cooperation, and (3) all this ultimately, helps in the wise selection of life partners, constructive marriage, home making and parenthood, or fine adult living outside of marriage.

We conceive of this program as one to be developed by the regular school personnel and correlated with appropriate activities of the curriculum. Elementary science, health and physical education, biology, home economics, English, and the social studies afford natural opportunities for correlation. The recreational and social programs of the school provide excellent opportunities for functional teaching.

### *Need for a Positive Program in the Schools*

Although the initial responsibility for wholesome sex training rests on the home, and ideally, the teaching of the school would supplement and reenforce home training, still, comparatively few parents

<sup>4</sup> Reported in JOURNAL OF SOCIAL HYGIENE, October 1940. American Social Hygiene Association, 1790 Broadway, New York City.

<sup>5</sup> Thomas Galloway, *Biology of Sex*, p. 4.

are meeting this responsibility. Among the reasons for their failure are (1) lack of a suitable vocabulary, knowledge, or the ability to express that knowledge in terms the child can understand and that are appropriate at his level of physical, mental, and emotional development; (2) traditional objections and inhibitions which tend to arouse curiosity, to overemphasize the significance of sex or to develop an attitude of secrecy or evasion on the part of the child; (3) unawareness of the need or indifference to it. There are still others who are anxious to meet their responsibility, but are not familiar with available sources of information and help. These reasons should not apply to properly trained parents and teachers.

Although so often correct positive information is withheld, the child can hardly escape undesirable sex information from such sources as partially-informed or wrongly-informed associates, the vulgar terminology of the street, obscene pictures, materials stressing the pathological aspects of sex, salacious literature and popular songs, sex-stimulating films, radio programs and plays. Undesirable recreational facilities often contribute to an unwholesome conditioning of the child in his present and future sex adjustments.

This common neglect in the average home, augmented by the untoward, sex-stimulating environment surrounding the child, and the occasional rare occurrence of illegitimacy, venereal disease, and sex perversions among school children, call for understanding and constructive counseling on the part of the school if the preparation of youth for efficient, satisfying living on a high human plane is to be realized.

The schools have certain inherent advantages over most homes, as follows:

1. Teachers trained in pedagogical methods. (The average parent, even the parent with scientific knowledge, is too apt to be unacquainted with fundamental teaching techniques.)
2. Available materials affording natural approaches to the subject through the illustrative and laboratory facilities of the general curriculum, such aids being rarely available in the average home.
3. Curricular opportunities for natural integration on both the elementary and secondary levels, which avoid undue attention to sex as a separate phase of life.
4. Graded instruction of all pupils according to their individual needs and capacities.
5. The more objective relationship of the teacher to the group as compared to that of the parent toward his own children.
6. The impersonal and unemotional nature of class instruction which tends to reduce secretive, outside discussions, as constructive interpretation of factual material reduces curiosity.

7. The possibility of encouraging adults to assume their responsibility through parent-teacher organizations, adult education (including the fine work of P.T.A.) other groups and individual conferences.

### *Accepted Principles*

The following principles are basic in the introduction of a sound sex character education program in schools:

1. The positive aspects of sex should be stressed by giving pupils an appreciative understanding of the important role this creative force plays, both in individual development and in social relationships.

2. The preferred method of instruction is through a natural integration of sex education with appropriate subjects of the curriculum from the kindergarten or pre-primary level throughout the school system. However, until qualified teachers are available in sufficient numbers for such an integrated program, some other introductory procedure may be adopted, especially on the secondary level. Such a program may begin with one or more teachers capable of introducing the proper aspects of sex education into their subjects or who could prepare a series of classroom talks, to be discontinued as soon as enough teachers are qualified to handle a fully correlated program.

3. There should be no course in the curriculum labeled *Social Hygiene* or *Sex Education*. As suggested by the White House Conference, these terms should be used only to indicate to teachers and parents that definite parts of the education of young people are being directed toward healthy, natural, and wholesome relationships in life as it is affected by sex.

4. Talks by outside speakers are *not* advocated because of the danger of presenting the subject as an isolated part of life, rather than as a normal phase of every day life.

### *Essential Teacher Qualifications*

A pleasing personality and sound character are important qualifications for the teacher in any field, but for those participating in a sex education program they are absolute essentials. The attitudes and behavior of pupils will be influenced more by those of the teacher than by mere facts that may be presented.

Other important qualifications include:

1. A sound emotional attitude toward sex as a normal factor in life, neither minimizing nor exaggerating its importance.

2. A recognition of the need for this type of education and of the teacher's opportunity to assist children and youth constructively in making fine sex adjustments.

3. A knowledge of the physiological, biological, psychological and sociological aspects of sex, with the ability to interpret that knowledge according to the physical, psychological, and social needs of the

pupils. Both elementary and secondary school teachers should understand the place of sex education in the entire life curriculum and be acquainted with suitable methods of integration in their respective fields.

4. A faculty for inspiring confidence and aspiration toward high ideals without seeming sentimental or "preachy."

5. The ability to face reality with a constructive attitude and to maintain a sympathetic understanding of the problems of children and young people; experience in dealing with those problems.

6. Respect for differing ethical, legal, and religious views, and for changing scientific knowledge.

### *Courses for Administrators, Teachers and School Nurses*

In New Jersey the following courses offer opportunities for graduate and under-graduate training:

The State Teachers Colleges at Trenton, Paterson and Newark, if a sufficient number enroll, offer extension courses carrying two points undergraduate credit.

Panzer College of Physical Education and Hygiene offers undergraduate courses carrying two points credit.

Residence courses, Rutgers University, are offered both semesters at New Brunswick and at Newark. These courses, carrying three points graduate and undergraduate credit, include methods and materials of social hygiene education. A second course is a seminar study of integration of social hygiene into the high school curriculum.

New York University offers extension courses in Newark, carrying two or three points graduate and undergraduate credit.

Summer courses are offered at Chautauqua, New York, under the auspices of New York University, graduate and undergraduate credit. The University of Vermont and other institutions outside of New Jersey likewise provide summer courses.

For further information regarding courses write to the State Department of Public Instruction, Trenton, New Jersey, or to the American Social Hygiene Association, 1790 Broadway, New York City.

### PERSONNEL OF THE EDUCATION COMMITTEE

MABEL GRIER LESHNER, M.D., *Chairman*

*Medical Inspector, Camden Public Schools, Instructor in Social Hygiene Education, Rutgers University School of Education*

VERA BROOKS

Instructor in Health and Physical Education, State Teachers College, Newark

ANABEL CADWALLADER

Lecturer, Division of Venereal Disease Control, State Department of Health, Trenton

ARTHUR J. CASSELMAN, M.D.

Technical Consultant, Division of Venereal Disease Control, State Department of Health, Trenton

LULU P. DILWORTH

Associate in Health and Safety Education, State Department of Public Instruction, Trenton

- THOMAS J. DURELL**  
Assistant Commissioner of Education,  
Supervisor of Elementary Education,  
State Department of Public In-  
struction, Trenton
- MRS. LOIS MEREDITH FRENCH**  
Instructor in Education, State Teach-  
ers College, Newark
- MRS. ALBERT L. GARDNER**  
President, New Jersey Congress of  
Parent-Teacher Associations, Perth  
Amboy
- MRS. RUTH B. GILBERT**  
Instructor in Health, Safety and  
Physical Education, Plainfield High  
School
- ALLEN G. IRELAND, M.D. (deceased)**  
Late Director of Health, Safety and  
Physical Education, State Depart-  
ment of Public Instruction, Trenton
- H. F. KILANDER**  
Dean, Panzer College of Physical  
Education and Hygiene, East Orange
- MARY LANGE**  
Supervisor of Elementary Schools,  
Audubon
- ELIZABETH FORD LOVE, M.D.**  
Social Hygiene Chairman, New Jersey  
Congress of Parent-Teacher Associa-  
tions, Moorestown
- EVERT R. PEARCY**  
Instructor in Health, Safety and  
Physical Education, Plainfield High  
School
- GLADYS E. POOLE**  
Assistant Professor of Education and  
Chairman of Psychology, State  
Teachers College, Trenton
- HARRY L. STEARNS**  
Superintendent of Schools, Wood-  
bury
- MARJORIE VAN HORN**  
Instructor in Health and Physical  
Education, Camden High School
- HOWARD DARE WHITE**  
Assistant Commissioner of Education,  
Supervisor of Secondary Education,  
State Department of Public Instruc-  
tion, Trenton
- SARAH WHITLOCK**  
Principal, Lincoln Elementary School,  
New Brunswick
- CLAIR S. WIGHTMAN**  
President, State Teachers College,  
Paterson
- ERNEST L. CHASE, ex officio**  
Executive Director, New Jersey So-  
cial Hygiene Association

**EDITOR'S NOTE:** The JOURNAL regrets that lack of space prevents publication here of *Number Two* in this important series of bulletins on *Education for Family Life*. This bulletin, entitled *Education for Human Relations and Family Life on the Secondary School Level: A Tentative Program and Correlated Outline with Suggestions for a Briefer Program of Minimum Essentials*, was prepared by a subcommittee of the Education Committee listed above with the following members cooperating:

Marjorie Van Horn, *Chairman*; Evert R. Pearcy; Harry L. Stearns; Mrs. Ruth B. Gilbert; Mabel Grier Leshner, M.D.; also Amanda Bell, Teacher of Home Economics, Eisenhower High School, Norristown, Pa.; Dorothy La Salle, Supervisor of Health and Physical Education, East Orange Board of Education; and Norma Leitch, Teacher in Health, Child Care and Home Nursing, East Side High School, Newark.

It should be noted that since these *Bulletins* were prepared, the state social hygiene program has been taken over by the New Jersey Tuberculosis League. Inquiries concerning the Education Committee's work should be addressed to Dr. Leshner at 331 Penn Street, Camden, New Jersey.

Members of the Association may secure free copies of this 32-page bulletin (Publication No. A-392) on request. The price to non-members is 25¢ per copy postpaid. Please address requests to the American Social Hygiene Association, 1790 Broadway, New York, N. Y. or to Dr. Leshner.

## SEX CHARACTER EDUCATION IN TWENTY-ONE PRIVATE SCHOOLS IN NEW YORK CITY

J. A. GOLDBERG, PH.D.

*Secretary, Social Hygiene Committee  
New York Tuberculosis and Health Association*

For some years many attempts have been made to delineate a policy of dealing with sex education for children of primary and high school grades. The United States Public Health Service has issued an excellent report on the subject entitled: *High Schools and Sex Education* prepared by Dr. Benjamin C. Gruenberg. In New York City we have approached the problem in several ways, holding conferences with teachers and administrators of public and private schools, studying subject matter, giving courses for high school teachers, collating material from schools throughout the country. Another approach has been to try to learn how private schools were dealing with the subject, on the presumption that they were in a more favorable position than public schools insofar as this debatable subject is concerned. The following pages present in summarized form some of the data that have been made available to us by a group of twenty-one private schools in New York City. Analysis of this material may help interested teachers and school administrators to an understanding of the extent of sex education measures now under way in this group of schools. No attempt is made to analyze the data presented, the thought being that those interested are well aware of publications already available, and that by a careful perusal of the material presented, they may be in a better position to formulate and build up their own programs.\*

\* The asterisks in some of the following reports from schools indicate points about which there is known to be more or less doubt or disagreement among educators in this country. Several of these asterisks relate to the growing attention to sex courses and the movement toward integrated work. Some of the asterisks concern books which are not commonly recommended for use in the grade indicated.

*School A*

At an annual meeting with parents connected with this school, sex education is discussed and copies of a sex education manual (American Social Hygiene Association) are distributed. If parents do not cooperate in sex education, the physical education staff takes on this responsibility. Each year the physical education directors meet with parents of children approaching maturity, and discuss the psychology that needs to be present in the lives of girls and boys at the beginning of adolescence. There is also a meeting with parents of girls beginning high school work, when problems of personal hygiene and sex attitudes are discussed. There are frequent personal conversations between physical education staff and individual students.

*School B*

Nature study begins in Class I; animals are kept and bred in all lower school classrooms. In Classes IV and VI reproduction is studied—in the former class as part of nature study, in the sixth class as part of a course in elementary physiology, in which a human manikin is used, and exhaustive questions are asked and answered. In Class VII the class is carefully watched for signs of need; several times the headmistress has taken the class for discussions having to do with more advanced aspects of sex.

Biology is given in Class IV, but in the upper school there is no course in sex hygiene. Having had experience with such courses in college, the headmistress feels that it is so difficult to give a satisfactory course that it is better to give none at all. In Class XII the headmistress gives a course in *Elementary Ethics* which devotes several weeks to the ethical aspects of sex problems. Many questions come out of this discussion, which are answered both in the group and individually.

*School C*

In the Sixth Grade an entire year is spent studying the life cycles of representative classes of animals. As a part of this, the children buy a pair of rabbits and assume entire responsibility for the proper care of them and their litters. This provides a natural outlet for questions about sex differentiation, reproduction and other factors in the cycle of growth.

In the Seventh Grade a complete course\* in *Social Hygiene* is given to boys and girls separately. A broad psychological and biological approach is used. Following this, the human male and female generative tracts are studied with physician's charts. The most recent scientific material is used, such as Dickinson-Belski *Birth Atlas*.\* By far the major portion of the course is given to answering questions of the children about puberty (psychological and physical), marriage relations (psychological and physical), pregnancy, childbirth, Wassermann and other tests, abortions, social

diseases, prostitution and so forth. The discussion of the ethical implications of these questions is of paramount importance at all times.

In the Eighth Grade the subject may be reopened, if occasion requires it, but the emphasis of the work in physiology is put on the scientific study of vital health habits, and this work is shared by the class teacher, science specialist, and physical culture educationist. For instance, the study of respiration is amplified by the teaching of correct breathing, experiments, and the making of models by the children in the laboratory, as well as by textbook. Exercises for posture and strengthening arches, etc., are taught by a physical educationist. This phase of the work is supervised by teachers, the school nurse and doctor.

#### *School D*

A strong course in *Biology* in the ninth and tenth years. Much time is given to the discussion of reproduction, but it is not until the senior year that students are anxious for practical information.

The senior class\* in sex hygiene\* is very informal. Girls are told to ask questions in class or write the question and put the paper in the questions box.

The following topics are discussed: anatomy and physiology of male and female reproductive organs, menstruation, pregnancy, birth, birth control, venereal disease as a social problem, boy and girl relations, use of sex hormones, and gland treatment.

#### *School E*

Relatively few actual problems have arisen with respect to sex, social hygiene, venereal diseases, family relations and marriage counseling.

Approach to understanding of reproduction is gradual, beginning in the nature study work, and built upon throughout the biology courses, until it has covered mammalian reproduction, including man. The study of genetics gives an opportunity to bring in some lessons on eugenics.

The biology is followed by a full year of human anatomy, physiology and hygiene. A further study of sex is incorporated with the study of the endocrines. Extracurricular information is given in addresses by visiting physicians. This year (1940) a trip to one of the health centers was made, and the girls submitted some questions.

#### *School F*

In the past three years there were two cases of venereal disease—both seniors. There are two thorough physical examinations of every student, fall and spring, by the school physician. The director



of physical activities with two assistants make daily check-up including visitations to classroom, and examination of lockers, clothes, athletes, particularly when such athletes use showers and pool. The two venereal disease cases were discovered by this method; they were immediately suspended from school and were allowed to return only when they brought evidence from personal physicians and the Board of Health that their cases were arrested or cured.

There is a graded system of sex instruction, starting in the Fifth Grade and continuing throughout the entire school. This instruction is arranged in close correlation with certain academic work including general science, biology and nature study, and based on the age level of students. This system is better than no instruction, but in the estimation of the faculty has not been developed as efficiently as desired.

### *School G*

The program permits the child to express a great variety of problems in school situations, and on all age levels it is found that problems related to sex reproduction and behavior are present.

In the primary grades there are animals in the room which bear young, or fish, or experiences with planting. There may be situations growing out of art experiences or group living where the teacher may answer questions or provide information on sex. In the youngest grades, children change their clothes in the classroom and this experience is often a basis for clarification of differences between boys and girls, etc.

In the more advanced elementary classes a group may be studying about milk and want to know why the cow must be bred before milk is available; other studies bring questions about sex and development; and sometimes an epidemic of "dirty stories" might be considered a situation requiring factual sex education. No attempt is made to force the situation.

For the pre-adolescents there are direct studies of animals or of human physiology as part of the science program. Individuals or groups may come for special conferences, and at these meetings there are discussions about the mechanics of reproduction, birth and growth.

### *School H*

The school has tried to anticipate problems by providing an environment and routines which will make for casual sex education. The plan of the building in the primary grades affords an opportunity of bringing about a casual attitude among the younger children regarding sex differences in boys and girls. The lavatories and toilets are built in the rooms of the Kindergarten, Grades I and II, and both boys and girls use the same. Because these children have to change into costume for rhythms twice a week, an opportunity is

afforded for boys and girls to see each other's bodies in a wholesome and natural setting. Although some children seem to be self-conscious at first, this soon wears off.

In the Second Grade the study of animals offers a good means of sex education. The children breed white rats; some of the questions that arise and are discussed by the class teacher are prenatal care of the mother, her diet, time of gestation, function of male, and care of babies. The children seem to have their curiosity about sex matters satisfied to a great extent by this experience; in no case is the sex aspect emphasized or separated from other phases of the study.

At the Third Grade level building arrangements make it necessary for the children to use separate locker and toilet rooms; therefore, dressing and undressing together cease. From the Third to the Sixth Grade there is no program in science that gives the same chance for sex education that there is in the Second Grade. In the upper grades they try to be alert to all needs, and handle each situation that arises as carefully and honestly as they can.

They have found the education of the teacher a most important factor in developing and maintaining good sex attitudes in the school. Frequent conferences are held, giving staff members an opportunity to discuss sex problems and other difficulties with specialists. At these meetings the consulting psychiatrist and medical advisers analyze specific problems brought to them by the teachers, and make suggestions for handling them.

Through personal conference at all grade levels information is sought from parents as to sex education at home, and help is offered to parents who are ill-equipped to discuss such things with their children; also a course is offered to parents by psychiatrists at the school. In the Fifth Grade a systematic check-up on the question of sex education is made.

The school gives much thought and careful planning to all phases of health education which includes sex education.

As to sex and social hygiene problems that arise, in the primary grades the questions about sex of normal interest to the age level are discussed by the teacher with the whole group as they arise. The science program which begins in Grade I facilitates this procedure. The book *Story of a Baby*, by Marie H. Ets, is found very helpful.

In the case of individual children who seem disturbed, the parents are consulted about the home situation, and together plans are made to remedy the difficulty. When the cause is deeply rooted, the psychiatrist is consulted.

Masturbation is sometimes a problem. Every case has proved to be the result of tension. The teacher checks clothing, general health, provides suitable activities, and works with parents to eliminate the cause.

In the upper grades, ages 8 to 12, the handling of sex problems becomes more difficult as the child becomes less communicative. If, through news articles or in science classes, a question concerning sex is raised, it is answered in the group as adequately as is possible. If concern over sex matters is indicated by a particular child, the school communicates with the home, and often the problem is dealt with by the home, the school aiding only indirectly.

### *School I*

#### *The Personal Equation (Intermediate Science Teaching)*

Some of the questions children ask are: "What are the reasons for the various changes that have taken place in my body? How do I function as a human animal?" The period of early adolescence brings with it added responsibilities for adults who work with children. Questions must not only be answered, but formed as well. Curiosities must be satisfied in an honest manner. Unformed questions relative to sexual development are met in a direct manner. Indicators for action are several: the extreme consciousness on the part of one sex of the presence of the other, excessive note-passing, and general disorganization due to emotional disturbance.

Sex instruction is started in the science class with the regular class group of boys and girls. It begins with an explanation of the human male and female cell; growth and development of the fertilized ovum is pictured, and birth process described; to aid in this presentation, nine human foetuses are used. Most of the questions raised are frankly answered. A few questions are put aside temporarily, and the children are told that later the boys and girls will be divided into separate groups so that these questions may be answered more openly. A woman pediatrician works with the girls, and a science instructor with the boys. The same instruction is given boys and girls, consisting of emphasis upon sexual development as it affects themselves; explanation of development of opposite sex is also given. It was discovered that after this sex instruction there follows a general reduction of emotional tension and conflict between boys and girls. As the children mature, more of the information given them has vital content and the questions they raise have greater significance.

The student studies the process of reproduction in plant and animal in such a way that he sees it as a life process which he can accept without psychological qualms, so that his attitude on human reproduction is likely to be less personal.

#### *Biology and Human Life*

This course aims to help adolescents in solving some of the problems of which they are aware and in making adjustments to their own and to the other sex and to new social conditions. Of general interest is the study of reproduction, physical development of the child, and work in genetics. This work is postponed until the last

quarter of the year to enable the instructor to gain the confidence of the class, thus securing greater freedom of discussion and bringing to the surface personal problems which can be discussed only individually. The study of the child's social development is prepared for by observation of children.

### *General Biology*

There are discussions on anatomy of the human reproductive organs, as well as venereal diseases and social control of such diseases. Some time during the year the question as to the meaning of birth control arises, and a brief discussion of the nature of the Birth Control League takes place.

### *Sex Education*

In the Second Form, questions pertain to physiological and social relations phases. The former can be answered by science teachers or doctor. Four sessions are spent on social relations questions, and include aggressiveness in making dates, appearance and equality between boys and girls. In the Fourth Form, the questions include make-up, smoking, hours of going to bed, "dutch treat," good and bad phases of co-education, extra-curricular activities, as the best way of bringing boys and girls together in a constructive way. In the Sixth Form the course includes problems of school and college, work life, family life, community and religion, preparation for marriage, sex education.

### *School J*

There are consultations with the college physician in which individual advice is given, and in Sociology classes questions are handled in general terms but without prudery or reticence.

Two courses are given. One is *Introduction to Problems of Marriage*, including introductory consideration of practical problems of marriage, parenthood and family adjustment; it is open to seniors, and students taking the course for three hours credit meet in seminar for an additional hour each week. The other is *Hygiene of Infancy and Childhood* which is a study of health problems connected with family life, prenatal care, physical development and care of child from birth to adolescence; factors in child's environment; problems pertaining to maternal, infant and child health are discussed; it is required of seniors majoring in Home Economics, first semester.

### *School K*

Very few problems involving social hygiene, sex and general family relations have come up during the past few months. Such questions as have arisen have been taken care of by the Director to whom boys come with all kinds of problems, including those indicated; or by the member of the faculty who coordinates the health education and to whom boys are referred for specific help with such problems.

In the Ninth Grade there is a compulsory science course, one unit of which is *Health Education* including sex problems, personal hygiene, social hygiene and problems arising out of these general situations.

#### *School L*

There have been a very few mild problems in sex and social hygiene in which an occasional high school student is a bit too specialized in his interest in sex for his own comfort or that of others; these instances are often associated with children coming in during the high school from elsewhere, who have missed the continuously frank and unemotional work of the earlier years. Although the pupils are verbally sophisticated and intellectually mature, most of the conditions surrounding them have resulted in their being almost childlike in their naivete and actual experience in the indicated area.

Social hygiene and sex questions are handled by a broad, healthful atmosphere, and by quiet and simple counsel on the part of a person having the student's confidence in any particular case. There are no courses as such, but information and discussion and reading references come naturally into various points of school work from the beginning from the science teachers and the social studies. The health office is an important factor, as are the social activities and various guidance arrangements. Occasionally a specialist comes in to talk to a group of boys or girls, but such talks seem to be of relative unimportance in the whole process.

The senior class had a good deal to do with the organization of their curricular activities for the year. The theme was *Human Relations in America Today*; one area of this work had to do with personal relations, partly those of boys and girls, including such problems as petting. The teachers have been associated with this group for two or more years rather intimately and informally, and the children felt free and easy in dealing with the faculty.

#### *School M*

Sex questions are handled very frankly on the childish level. In the teaching of physiology in the ten-year old group, the matter of sex is discussed in a more or less routine way. Whenever questions arise, individually or in a group, the teachers are qualified and willing to handle them freely and thoroughly.

During the early years of childhood the children who go to camp for the month of June each year have an opportunity of living together, boys and girls in the same bunks.\* This makes an opportunity for the children without brothers and sisters to satisfy their natural curiosity. It often brings up questions for discussion which might not arise in a classroom. In the Eighth Grade there is a more mature interest in this subject and an opportunity for more adult problems to be discussed.

*School N*

There are small group classes called *Problems*. Boys frequently get into sex, social hygiene and family relations problems, although the majority of the questions deal with vocational guidance. The three men in charge of the *Problems* group are capable and answer 99 per cent of the questions frankly in the class group. In the case of masturbation the boys come privately, although group discussions are held on this subject. A doctor comes in occasionally to discuss social hygiene with the older boys. There are on hand books suitable for boys of 14, 15 and over, disseminating them sometimes direct to the boy, sometimes to the parents.

*School O*

About three years ago two cases of gonorrhoeal vaginitis in children about seven years old were discovered, the first case by her family physician. The entire grade was examined, and a second child found infected. These cases were treated in cooperation with the family physicians and a recognized laboratory.

There are courses in child psychology, physiology and hygiene. "Child Psychology" includes discussion in class of general adjustment and relations to the family, also discussion as to when and how to teach children elementary facts concerning sex. Assigned reading includes *Growing Up in the World Today*, *Growing Up*, *New Patterns in Sex Teaching* (for teachers). *Physiology* includes analysis of fields suggesting facts related to the subject of sex. *Hygiene* includes lectures on social problems, such as heredity and eugenics; endocrines—physical, mental and emotional effects; criminal tendencies; sex aberrations; anatomy, functions and care of genital system, particularly as it applies to womanhood; venereal diseases.

There is a very personal relationship between each student and the school nurse, who is supplemented by the school physician. The annual physical examination includes consideration of menstrual history and advice. There are no special problems in family relations and marriage counseling.

*School P*

The sex problem is handled in the Eighth Grade, so that the boys are not left in ignorance, and there are very few questions. The majority of the boys are also informed on the sex problem by parents, family physician or physical department of the school. The physical department and individual members of the faculty are often asked for advice.

There have been no venereal disease or marriage counseling problems so far. There have been several questions as to family relations, to which questions the best thought was given. In the physiology

course general questions are taken up; also, the various coaches of the teams help along these lines. It is found that this is a better way than bringing in outside speakers to deal with the subject.

### *School Q*

In 33 years only three cases of venereal disease have been found. Few opportunities arise for counseling in family relations and marital problems.

The relations with students are direct and personal, and character problems are taken up as they arise; they are dealt with according to the best knowledge and experience. On the staff are two trained psychologists to whom are referred instances which seem beyond direct handling of teachers or executives. The school physician is interested in a sane and wholesome understanding of a point of view toward sex; with models and charts he takes up with the adolescent classes in two or three periods at the close of the school year what he considers the necessary points of information.

The headmaster meets each class once a week in "discussion groups," and gives opportunity for frank and specific discussions. In the Girls' School the wife of the headmaster conducts a class with older girls in *Psychology in the Training of Children*, in which there is opportunity for similar discussions.

### *School R*

There is a class open to juniors and seniors in high school called *Personal Psychology*, which meets twice a week; it begins by studying good manners, and after two months or so drifts into sex questions which are usually approached through a discussion of petting. The next topic is sex relations during the engagement period, and the topic of free love. Questions come up on eugenics, premarital examinations, and venereal disease with its effects on body and mind. Girls are encouraged to mention "cases" without giving names; all seem to be in deadly earnest, and the advice seems to be helpful. Girls sometimes come to the principal with individual problems which are handled according to the best judgment.

Family relations are mentioned early in the course, in connection with politeness, consideration for others and appreciation of others' motives and efforts. There is a special week for "appreciating" father and trying to get his point of view, and the same for the rest of the family.

### *School S*

The only problems that have arisen are the normal ones of sex curiosity in early adolescence. In answering questions, it is made perfectly clear to the children individually and in groups that no concealment is either right or desirable. In the classes in hygiene, the physiology of sex is taught along with other normal functions of

the human body. It is not found necessary or desirable to handle the matter in any formal way by teaching sex hygiene as a special branch of knowledge. The attempt is made to handle the whole problem as it ought to be handled in the family.

#### *School T*

Aside from talks given to the girls by the girls' physical director, this work is done in the biology classes. These courses, starting in the Fifth Grade, include sex life of plants and animals; in the Ninth Grade science class these topics are more fully discussed; in the Eleventh Grade social hygiene is fully discussed. Moving pictures are shown of the results of venereal disease. All of this is done in classes made up of both boys and girls. At the end of the eleventh year the instructor spends two days with the girls alone, discussing family relations and answering questions concerning marriage problems; he also does this with the boys.

#### *School U*

With very small children, questions concerning birth, reproduction, difference between male and female are handled freely, without embarrassment or undue emphasis. In the nature room rabbits, mice and guinea pigs breed and reproduce; the children accept these facts simply and are keenly interested in the care of the animals. In the Seventh Grade as well as in the high school there is a course in biology. Questions come up naturally and are answered naturally. Certain areas of discussion about which there is a natural reticence are handled with each individual as his need indicates.

There are opportunities for individual conferences between teacher and child, as well as for casual informal talk. Sometimes this talk will be the outgrowth of group discussion in literature, social science, personal problems, family relations or friendships. At the time of health examinations the school physicians (a woman for girls, a man for boys) also talk simply and directly with the children when they feel it is appropriate. If the physician finds the child reticent but anxious, he discusses the matter with the child's classroom teacher or with both teacher and psychologist, so that the best plan can be worked out. These matters are also discussed with parents, so that home and school can work together.

#### *Summary*

The preceding statements of procedures followed in a number of private schools in New York City do not, of course, necessarily represent in all cases the best approved methods of handling the subjects ordinarily classified as sex-character education. The shortcomings are obvious when



comparison is made with schools in which the program is more effectively handled.

This material has been compiled with the thought that administrators of private schools may be led to give further attention to the general subject and that somehow their findings and suggestions may be made available to others interested in the field of sex-character education. Thereby they may be able to help the attainment of a better understanding of the subject as a whole among educators in both public and private educational institutions.

## A CHALLENGE TO ENGLISH TEACHERS

ALICE M. STEEN

*English Teacher, New Ulm High School, New Ulm, Minnesota*

We can see them now, that vast unnumbered throng, harassed, furrowed of brow, bewildered. They sit in their classrooms almost hidden behind reams of unchecked themes, book reports, test papers. They, in their own opinion at least, are the most overworked teachers in the system. They are the English teachers.

Comes Wednesday in Lincoln School. The English department is called into special conference by Principal Smith. There is something in the air; intuition tells them that something new or at least something more is about to descend on them.

Mr. Smith Speaks. Eyebrows rise; jaws set. Then with, "Please discuss the matter today," he leaves.

A verbal barrage ensues. "Don't tell me we have to teach *that* besides everything else! You won't catch me turning into a sex education teacher." And with a look of determination they return to really important matters.

So that's the rub. Mr. Smith wants the English department to aid in the vast job of educating youth in social hygiene. Well, he will have to guess again.

With the rapidly changing scene in American life, sex education or the teaching of social hygiene has become a matter of moment, but it is also a matter sadly neglected in too many homes. Thus the burden of such instruction often falls on the school, and teachers in general are beginning to feel panicky about a vaguely understood situation which they reluctantly admit should concern each one of them directly or indirectly.

This feeling of panic is a result of the common and narrow interpretation of the very term social hygiene. Let it be remembered that fundamentally it is character education, and as such it should be developed as a part of the entire educational program. It must not be looked upon as an isolated subject to be taught at ten o'clock, or in five lectures, or by only Mr. Briggs or Miss Pratt. It is the job of every teacher on the force. Yes, even the English teachers.

Literature is life. It is a picture of human life, human relationships, human behavior. It is a reflection of the lives that the high school students lead—they, their parents, their teachers, the man on the street. It is a portrayal of life at its best or its worst. It is the story of living. Often the story may be understood by the adolescent mind, but again it may need to be interpreted by someone with judgment more mature than the adolescent possessess.

Here it is that English teachers have an excellent opportunity to make their contribution in the field of social hygiene by accepting or providing opportunity for a casual yet candid discussion of some problem which may present itself in a story under consideration.

Who, for example, in teaching *The Luck of Roaring Camp* has not been asked, "Where was the baby's father?" The question may have come from someone who was deeply impressed by the weakness in the character of Cherokee Sal, the mother, or perhaps by the inconsiderate treatment given the mother and child by the apparently non-existent father. On the other hand, the question may have come from some young sophisticate who merely wished to find out whether Miss Brown would hesitate, appear momentarily uncomfortable, and offer some hasty and unsatisfying explanation. Whatever the motive behind the question, Miss Brown must have an answer ready; or better yet, she should guide the class into a discussion of the problem of proper relationships. She must never, through a none-too-subtle refusal to discuss the matter, suggest to the class that such things are not to be spoken about except behind closed doors.

Literature presents countless opportunities for discussions of proper social relationships, choice of companions, desirable qualities in one's prospective mate, unhappy home situations caused by unfaithfulness between husband and wife, and the obvious retribution of living an unwholesome life. These situations confront people whom the pupils know; they are not only story-book situations. They may not always be pleasant topics of conversation to the boy

and the girl who have been so closely guarded that they are not aware of the many factors that make up life and living. Neither is war nor cancer a pleasant topic; yet we talk about each because it is something which is real and about which we must know. And the more we know, the better.

With the present trend in education toward pupil participation, round-table discussions provide an excellent means of drawing out pupil opinion. The field of English is rapidly changing and, fortunately, expanding. Since reading is becoming extensive rather than intensive, pupils are exposed to a greater number of books in widely varied fields; their choices extend into realms of books of which their elders may be unaware, books which present problems which may puzzle even adult readers. Here again the English teacher must be on the alert for an opportunity to discuss any problem which Betty may have come upon in her outside reading but which she hesitates to converse about in the classroom. A leading question or an opinion expressed by the teacher may be all that is necessary to start a lively discussion about the lives of the story book people.

Granted now that it is an English classroom problem, let us take a rapid view of the field of literature studied or read by senior high school students and find out specifically whether literature and sex education mix.

Betty has recently read *The Scarlet Letter*. She has made a book poster showing Hester and her child—Hester lonely and socially not wanted, for she must wear a red A on her breast. How too bad it would be to let Betty, who knows that A means adulteress, merely mention the fact that Hester wore a red A. That A might stand for any number of things. Can one ask for a better opening than that provided when Jane asks pointedly about the A? Hawthorne in his typical moralistic manner points out in this story the awful punishment of sin. A teacher may in a manner less dogmatic express an opinion and help settle some problems that have come into the minds of her class.

No teacher would bluntly introduce the matter of the so-called social diseases into a class in English. But some day Bob is going to become ambitious and read Ibsen's *Ghosts* for a book report. Being a bit bashful, he is going to hurry through certain parts of the story, until George asks, "Well, why didn't they get married if they were so much in love?" To the rescue, Miss Brown. It is your chance to help Bob out of a predicament and to open a discussion of the disease which had such a deadly effect on a young man's moral and spiritual outlook, in addition to the physical consequences, that he was driven to suicide.

In addition to these specific stories in which there is evidence of improper relationships and disease, consider the vast array which have a similar situation: *Idylls of the King*, *Pamela*, *Vanity Fair*, *Adam Bede*, *Tess of the D'Urbervilles*, *For Whom the Bell Tolls*. Every senior has been persuaded to remember, at least until examin-

ations are over, that *There Shall Be No Night* is the current Pulitzer Prize play. But would it not be of more lasting value to be aware of the social problem of illegitimacy which is related?

In *Anna Karenina* we find two people who defy the accepted conventional view of marriage. They were neither successful nor happy. "Well, that's only a story," someone may say. For truth instead of fiction, one needs only to turn to Maurois' *Ariel*. The poet Shelley's life was no happier than Anna Karenina's. Their lives were equally unconventional; their deaths were equally tragic.

Adolescents are constantly falling in and out of love. Occasionally one finds that a "case" turns out to be a permanent thing, for Jane and Don know that they were intended for each other. But perhaps Ted and Margaret have formed no opinion about the characteristics they will really want in their prospective mates. Should they not be guided in their choice? They will want to be happy. Margaret will not want to find herself in the predicament of Eustacia in Hardy's *Return of the Native*. She was fascinated by the sex and glamour of the good-for-nothing Wildeve. Her own husband was good and kind. She had to choose between them. She was unhappy. Suicide was the easiest way out. Eustacia did not know soon enough the desirable qualities in a mate.

Every tenth grade pupil knows the novel *Silas Marner*, and every teacher may have been asked, "Why did Godfrey marry Molly if he didn't intend to live with her and take care of her and the baby?" Students from both happy and unhappy homes may ask the question. They are rightfully concerned with the great amount of unhappiness caused by hasty and unwise choices. They will sympathize with the disillusioned wife in Ibsen's *Doll's House*, but they will not be too benevolent in their remarks about Falder in Galsworthy's *Justice*: he served a prison term for forging a check to secure money with which to relieve the situation of a married woman whom he loved.

From the foregoing instances it is obvious that sex is implicit in literature as it is in life. Students are exposed to the best and the worst types of information in both books and magazines as they browse in the vast field of literature. As a counselor of reading, an English teacher should not take special care not to put these stories into the hands of her students; let her rather help them to discriminate between the good and the bad. Let her teach them that cheap literature has no relation to real life and that good literature does present life situations that must be interpreted as realities.

You ask, "Is this, then, what you mean by social hygiene?"

Since social hygiene, or sex education, is a comprehensive and progressive process of education whose purpose is to bring about those desirable social attitudes and practices which are necessary to insure happy homemaking and the establishing of happy families—yes.

The new task which Principal Smith has just imposed upon the English department is a challenge. Shall it go unanswered?

## WHERE SHALL WE TEACH?

W. W. McFARLAND, M.D.

*Executive Director, General Health Council, Pittsburgh, Pennsylvania*

Questioning where sex education belongs—in the home, school, church, physician's office or open forum—has been bandied about in many discussions. Sometime ago, the General Health Council of Allegheny County, Pennsylvania put this question before a group of educators, ministers, nurses, doctors, and parents in a sincere search for opinions.

Evasion and passing the question from one institution to another, from one individual to another were typical of the answers received.

The home would be the proper place for sex instruction *if* the parents were educated to take the responsibility. The school would be the proper place *if* the pupils felt free to discuss the subject with their teachers. The church would have to instruct its teachers *before* they could undertake sex education along with religious education and so on.

While several of those questioned answered positively, one physician stating that sex education belonged in the public school curriculum, a minister and an educator believed it should be given at home. In general, the response indicated that sex education can hardly be isolated from growth and education as a whole and thus should be the partial responsibility of every agency.

Certainly there are many authorities who can help and advise parents as to instruction at home. Doctors should be ready to advise parents on how to present the facts of reproduction. One writer suggested that visiting nurses might call at the home upon the request of parents who want to talk over problems of sex instruction.

At school, classes in biology and physical education would seem a natural place for the study of the organs and process of reproduction and care of the human body. To avoid embarrassment created by having the teachers present, some writers have suggested that discussions without teacher supervision be held for the classes conducted by the school health counselor or school physician.

The importance of the church as a source of moral education was emphasized by many of those questioned, but it apparently was not generally thought of as a source of practical information. One clergyman thought the home should be the first source of sex education and another recommended small discussion groups, not only for young people, but for parents and teachers as well. Other writers mentioned the role of the clergyman in giving personal counsel to members of his congregation.

All the writers agreed upon the important part of the doctor in sex education. His role as authority and adviser to parents, teachers, and young people was recognized without dissent.

Summarizing the answers received from this question, the general conclusion seemed to be that sex education belongs wherever its presentation can be accurately treated in terms which are understandable to the individual or group. The physician, the biology teacher, or the health forum leader should be responsible for general instruction; parents, clergymen, and physicians for personal instruction and counsel.

The evasiveness characteristic of many who replied and without doubt definitely the reason of those who did not respond is a heritage of the old school of thought and non-recognition of modern trends in physical and mental training.

There is a perfectly natural trend of sex curiosity in the growing child. This is intensified by the refusal of its parents to satisfy a normal sex query, by saying, "Nice people don't talk about that," or some similar platitude.

*Other people* will talk, and because parents evade their responsibility, the ever inquisitive juvenile or adolescent mind gets its information, usually distorted, from any available source.

Your baby, your growing child may ask you why he must—"Sit on the potty," "Eat spinach," "Drink milk," "Brush his teeth," etc. Every one is familiar with the ever recurrent "Whys" of children. Simple answers will occur to every parent for the preceding questions, and the childish mind is satisfied. One does not go into a technical explanation concerning bowel evacuation, food habits, and cleanliness. But when any question, even the most innocent, is asked concerning sex, the average parent dodges a direct response and evades the issue.

Probably the first question the average observing child asks concerns the obvious anatomical differences in sex. A perfectly natural and equally obvious reply can be: "That is one of the differences between a boy and a girl." Ninety-nine times out of one hundred that will satisfy a perfectly natural childhood question. To all other queries, any intelligent parent can give a satisfying, truthful answer depending upon age. There is no necessity for detailed elaboration until the child reaches an age of independent thought and analysis. Questions arising during these and later

years will never bother those parents who have kept pace with the progressive mental development of their child as evidenced by the increasing intelligence of their queries.

Never evade, never lie in satisfying sex curiosity in childhood. Detailed explanations are unnecessary, and usually the most simple answer will satisfy. If parents assume that attitude during the growing years of childhood and early adolescence, then the natural place for accurate sex information will always be within the family circle where it rightly belongs.

Later if sincere and constructive interest in the physiology and anatomy of sex is manifest, classes in sex hygiene in junior and senior high schools should be made available. Such classes should be taught by biologists, physicians, or physical educators. The teaching corps should be carefully selected on the basis of scientific knowledge, ability of interpretation, and understanding not only of the adolescent but also of their problems. These teaching requirements, regardless of their order, are of equal importance. One who does not understand the adolescent and his temptations will be a failure regardless of his technical skill.

Generally speaking, adolescent classes in sex education should be grouped by sex. By so doing, the instructor is not handicapped and the boys or girls will feel more free to ask questions and discuss matters not feasible in mixed classes. An instructor should never forget that most adolescents have fixed ideas concerning sex problems, many absolutely inaccurate. To clarify their thinking, these young people should be given the opportunity either by verbal or written interrogations to ask questions. Only by such methods are we able to correct physical and physiological misunderstandings, mental confusion, perversion trends, and to instill in their places understanding, knowledge, sex sanity and the proper concept of morality.

Summarizing: Sex education should be the obligation of all parents during the early years of childhood. In adolescent years, detailed information should be made available from authentic educational sources.

One cannot disturb or check the natural trends of this and coming generations. We must keep in step or fall behind. The present desire for accurate knowledge and information concerning sex problems will, the writer firmly believes, eventually result in a higher moral standard among young manhood and womanhood not only in the present generation but in generations yet unborn.

## EDITORIALS

“ . . . PRIME OBJECTS OF CIVILIZATION . . . ”

Give wise character guidance: Never forget that social hygiene has the same vital responsibility to the children who are born and growing up in this year of stress and strain as in other more happy times. To a large degree the success of their future depends on wise guidance now. Their characters, formed now, will set the shape of the America of tomorrow. They, their parents and their teachers need information and advice about sex and parenthood as important factors in the broad field of education for human relations. This is an important part of today's job; it will be important long after syphilis and gonorrhoea have been conquered.

This paragraph, quoted from the recently issued announcement of plans for *Sixth National Social Hygiene Day*, points up once more a fundamental working principle of the social hygiene program. It is interesting to see how this principle, come what may, preserves its strength. The rushing tide of the campaign against syphilis and gonorrhoea may threaten to submerge it, the crusade against commercialized prostitution, high-lighted by the national emergency, may fill the forefront of the scene,—still in the background is this strong, positive outline, without which the picture means little—*. . . character counts . . . sound family life is the nation's foundation and bulwark.*

Charles W. Eliot, first president of the American Social Hygiene Association, summed it up in a sentence when he said years ago, “The security and elevation of the family and of family life are the prime objects of civilization.” Today, in a troubled world, we turn to that clear thought with comfort and courage. In the beginning was the family, close-knit, stronger than any creed or tribe or nation, protecting oncoming generations, seeking the best for its own, reaching upward as civilization grew. In the end, when the sounds of strife have died away and nations have tired of warring, the family will still stand as the basic social unit, whose preservation and advancement are “prime objects of civilization.”



## THE SCHOOLS AND NATIONAL EDUCATION

The JOURNAL takes pleasure in contributing to the celebration of National Education Week, which starts on November 9th, through this special number on *The Schools and Education for Family Life*. It is gratifying also to note that constant progress is being made in this direction. Since our pages were last devoted especially to reporting such progress,\* much has happened which indicates that more and more formal education endeavors to become education for living rather than education for the sake of knowledge. School and home are growing closer in their thinking,—are getting together and working for real national education.

The articles here presented are examples of the trend. Lack of space prevents inclusion of many other interesting statements and news of projects which constantly come to the attention of the National Education Committee, and there must be many of which the national office never hears. The Committee's chairman, Professor Maurice A. Bigelow, who cooperated in the preparation of this issue of the JOURNAL invites correspondence, information and cooperation from all who are interested in education for family life and human relations, or who are working towards this end.

\* October, 1940, *The Schools and Social Hygiene Number*, and February, 1941, a special number on *Venereal Disease Control Education in the Schools*.

## ***Keep America Strong!***

Celebrate

SIXTH NATIONAL SOCIAL HYGIENE DAY

February 4, 1942

***Help Build Better Health  
NOW!***

Write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway . . . . . New York, N. Y.

for program suggestions, publicity aids and special materials.

## NATIONAL EVENTS

**Honoring the Life and Work of Paul Ehrlich, Scientist.**—Americans from all parts of the country gathered at the Waldorf-Astoria Hotel in New York, Saturday evening, October 11th, to join in a memorial program arranged by the American Social Hygiene Association, honoring Dr. Paul Ehrlich, whose discovery of salvarsan, "606," thirty years ago provided a specific for syphilis. Mrs. Ehrlich, who recently arrived in the United States from Switzerland, was guest of honor at a dinner preceding the program. Dr. George Baehr, member of the A.S.H.A. Board of Directors, and Chief Medical Officer of the Office of Civilian Defense, served as Chairman of the Committee on Arrangements. Besides social hygiene executives from various cities, who were in New York for a conference called by the A.S.H.A. on October 11 and 12, nearly 200 prominent medical and research scientists, health and welfare leaders, former students of Dr. Ehrlich, and other interested friends and relatives were present on this interesting and inspiring occasion. Mrs. Frances Payne Bolton of Cleveland, Congresswoman from Ohio, and Vice-Chairman of the National Anti-Syphilis Committee, presided.

An address on Ehrlich's life and work, by the Rev. Alphonse M. Schwitalla, S.J., Dean of St. Louis University School of Medicine, was presented by the Rev. Charles A. Burger of Fordham University, Father Schwitalla being unable to attend because of sudden illness. Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service, speaking on *What Ehrlich's Discovery Has Meant to the World*, reviewed progress in controlling venereal disease since the discovery of the successful treatment for syphilis, and called attention to special problems of the present national emergency. His address was carried by radio station WMCA. Other parts of the program were broadcast over WHN, including a brief address by Mrs. Ehrlich.

Following the broadcasts, Dr. Hubert S. Howe, Chairman of the Committee on Research in Syphilis, on behalf of the Committee, presented an award of \$1,000 to Mrs. Ehrlich in recognition of the achievements of her husband. Her simple and gracious acceptance was a high point of the evening.

A more extended account of the program and the addresses is planned for later publication.

**Social Hygiene Executives Confer on National Defense Problems.**—October 11 and 12 were the dates of the 1941 conference of social hygiene executives, called by the American Social Hygiene Association in New York. About 50 executives, A.S.H.A. staff members, and invited guests spent a most interesting and profitable day on

Saturday, October 11 at the Henry Hudson Hotel, where morning, luncheon and afternoon sessions were held and various common problems discussed. Luncheon speakers were Dr. R. A. Vonderlehr, of the U. S. Public Health Service, and Captain Charles S. Stephenson of the U. S. Navy Medical Corps. A special guest at the conference was Mr. Eliot Ness, who was recently appointed director of the Division of Social Protection of the Federal Security Agency. The Ehrlich memorial dinner session at the Hotel Waldorf-Astoria (see above) was attended by the executives; and on Sunday morning an interested group gathered again with Dr. Clarke and Mr. Johnson for breakfast and further discussion.

Most of the executives then moved on to Atlantic City where the final session of the conference was provided by the community meeting held at the Hotel Traymore on Sunday evening, October 12. (See below.) Most of the executives remained for at least part of the American Public Health Association meetings which continued through October 17. A further account of the conference is planned for the December JOURNAL.

**Social Hygiene at A.P.H.A. Meeting.**—Following the Conference of Social Hygiene Executives in New York on Saturday and Sunday, October 11 and 12, the visiting executives and A.S.H.A. staff members adjourned to the Hotel Traymore in Atlantic City Sunday evening for a symposium on *Protecting Industrial Workers from Syphilis and Gonorrhoea*, which was attended also by many other health and welfare workers who were in Atlantic City for the 70th Annual Meeting of the American Public Health Association. Dr. Leverett D. Bristol, Health Director of the American Telephone and Telegraph Company, presided at the session, which was open to the public.

The panel of speakers, with their subjects, included: J. G. Townsend, M.D., Director, Division of Industrial Hygiene, U. S. Public Health Service, on *Protection of Workers in Civilian Defense Industries*; Captain Ernest W. Brown, (MC), U. S. Navy, on *Protection of Workers in Government Defense Industries*; E. A. Irvin, M.D., of the B. F. Goodrich Rubber Company, on *Private Industry Protects Its Workers*; and Bascom Johnson, Consultant, F.S.A. Division of Social Protection, and Director of A.S.H.A. Legal and Protective Activities, on *Prostitution Endangers the Worker*.

Discussants were: Walter Clarke, M.D., A.S.H.A. Executive Director, leader; Otis L. Anderson, Passed Senior Surgeon, U.S.P.H.S.; Harriet S. Cory, M.D., General Director, Missouri Social Hygiene Association; Charles Kurtzhalz, Director, Philadelphia Health Council and Tuberculosis Committee; and Carl A. Wilzbach, M.D., Commissioner of Health of Cincinnati.

This session was presented by the American Social Hygiene Association with the joint sponsorship of the New Jersey Department of Health, the Atlantic City Health Department, the New Jersey Health and Sanitary Association, the New Jersey Social Hygiene Conference, the New Jersey Tuberculosis Association and the Atlantic Visiting Nurse and Tuberculosis Association.

Other sessions of interest to social hygiene workers were:

**8th Institute on Public Health Education**, October 11-14, Professor Ira V. Hisecock, Chairman. Dr. R. A. Vonderlehr presided at a session October 13 on *Current and Future Programs of Education Regarding Syphilis and Gonorrhoea*, for which Miss Jean B. Pinney was secretary-reporter.

**Laboratory Section, October 15,** with papers on *Gonorrhoea and the Gonococcus*, by Charles M. Carpenter, M.D.; and *Serological Tests for the Diagnosis of Syphilis*, by Ruth Gilbert, M.D.

**Epidemiology Section, October 15,** a *Symposium on Syphilis*, with papers by W. A. Brumfield, Jr., M.D., James H. Lade, M.D., and Louis Feldman on *The Epidemiology of Syphilis Based Upon Five Years' Experience in an Intensive Program in New York State*; E. Gurney Clark, M.D. and Thomas B. Turner, M.D. on *Study of the Prevalence of Syphilis in the Eastern Health District Based on Specific Age Groups of an Enumerated Population*; Evan W. Thomas, M.D. on *Epidemiological Problems Associated with the Rapid Intensive Treatment of Early Syphilis*; Francis J. Weber, M.D. on *Venereal Disease Problems in National Defense Areas*; Theodore Rosenthal, M.D. and Herman Goodman, M.D. on *Epidemiological Methods Used in the Control of Venereal Diseases in New York City*; and D. G. Gill, M.B., D.P.H., W. H. Y. Smith, M.D. and S. R. Damon, Ph.D., on *Syphilis in Alabama as Revealed by a Serologic Survey of Selective Service Registrants*.

### **A New Drive Against Venereal Disease in the Civilian Population.—**

A nation-wide drive against venereal disease in military and industrial defense areas is being developed by the U. S. Public Health Service with the cooperation of the Works Projects Administration and state health authorities. The program has the approval of President Roosevelt, the Secretary of War, and the Advisory Commission to the Council of National Defense.

The machinery of the program already is in operation in Illinois and South Carolina. Among the other states which have indicated a desire to secure assistance under the nation-wide WPA project are Pennsylvania, Kentucky, Oklahoma, and California. The WPA will supply personnel and the Public Health Service consultation in projects sponsored by the state and local health departments to supplement existing activities. The program will be implemented in the various states as rapidly as the necessary personnel and facilities can be established.

The program aims to bring under immediate treatment the venereal disease cases uncovered in the selectee testing program, to trace the sources of infection in our military and industrial population, and to establish emergency venereal disease control programs in boomtown areas where existing control facilities are not adequate to meet the situation.

**Division of Social Protection Has New Officers.—**Federal Security Administrator Paul V. McNutt has announced the appointment of Eliot Ness, Director of Public Safety for the City of Cleveland, to be Director of the Division, succeeding Bascom Johnson, who was loaned early in the year by the American Social Hygiene Association to assist in organizing the new division. Mr. Johnson will continue to serve as consultant to the Division, while resuming direction of A.S.H.A. legal and protective activities and the rapidly increasing volume of field studies which the Association is making for the Division, the U. S. Public Health Service, the Army, Navy and State health and law enforcement officials. Mr. Roy E. Dickerson, former Assistant Director of the Division, has resigned to become Executive Secretary of the Cincinnati Social Hygiene Society.

Mr. Ness, before he became Cleveland's Safety Commissioner six years ago, was connected with the United States Department of Justice and worked with the United States District Attorney's office in breaking up the gangster rule of Al Capone and his associates in Chicago. Cleveland's vigorous clean-up of police department conditions and the labor rackets, under Mr. Ness's direction, and his campaign for crime prevention as well as crime detection, have attracted nationwide attention.

Other new appointments in the Division of Social Protection include 22 field workers, whose headquarters will be with the regional coordinators of the Federal Security Agency. Social hygiene workers will wish to cooperate with these field workers, whose names and addresses, as of October 15, are as follows:

## REGION I

## STATES

<p>MR. JOHN J. MURPHY, <i>Field Representative Division of Social Protection, c/o Regional Director, Federal Security Agency, 120 Boylston Street, Boston, Mass.</i></p>	<p>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>
--	--

## REGION II

<p>MR. LOUIS L. BENNETT, <i>Associate Field Representative, Division of Social Protection, c/o Regional Director, Federal Security Agency, 11 West 42nd Street, New York, N. Y.</i></p>	<p>New York</p>
---	-----------------

## REGION III

<p>MR. THEODOR W. BROECKER, <i>Field Representative, Division of Social Protection, c/o Regional Director, Federal Security Agency, Juniper and Chestnut Sts., Philadelphia, Pa.</i></p>	<p>Delaware New Jersey Pennsylvania</p>
--	---

## REGION IV

<p>MR. JAMES S. OWENS, <i>Regional Supervisor, Division of Social Protection, c/o Regional Director, Federal Security Agency, Arlington Building, Washington, D. C.</i></p>	<p>District of Columbia, Maryland, North Carolina, Virginia, West Virginia</p>
<p>MR. JOHN J. HURLEY, <i>Associate Field Representative (Same address)</i></p>	
<p>MISS LILLIAN MUHLBACH, <i>Associate Field Representative (Same address)</i></p>	

## REGION V

<p>MR. IRVING K. FURST, <i>Field Representative, Division of Social Protection, c/o Regional Director, Federal Security Agency, Euclid Ave. &amp; East 9th St., Cleveland, Ohio</i></p>	<p>Kentucky, Michigan, Ohio</p>
---	---------------------------------

## STATES

## REGION VI

- MRS. JANET S. BURGOON, *Regional Supervisor, Division of Social Protection, c/o Regional Director, Federal Security Agency, U. S. Court House Building, Chicago, Ill.*
- MR. HENRY W. WALTZ, *Associate Field Representative (Same address)*

Illinois, Indiana,  
Wisconsin

## REGION VII

- MR. ARTHUR E. FINK, *Regional Supervisor, Division of Social Protection, c/o Regional Director, Federal Security Agency, First Avenue & 19th Street, Birmingham, Ala.*
- MR. EARL LIPPINCOTT, *Assistant Regional Supervisor (Same address)*
- MISS MARIE DUFFIN, *Field Representative (Same address)*

Alabama, Florida,  
Georgia, Mississippi,  
South Carolina,  
Tennessee

## REGION VIII

- MRS. H. WINIFRED FERGUSON, *Field Representative, Division of Social Protection, c/o Regional Director, Federal Security Agency, Federal Office Building, Minneapolis, Minn.*

Iowa, Minnesota,  
Nebraska, North  
Dakota, South  
Dakota

## REGION IX

- MR. MARTIN A. FELLHAUER, JR., *Associate Field Representative, Division of Social Protection, c/o Regional Director, Federal Security Agency, 1006 Grand Avenue, Kansas City, Mo.*

Arkansas, Kansas,  
Missouri, Oklahoma

## REGION X

- MR. WHITCOMB ALLEN, *Regional Supervisor, Division of Social Protection, c/o Regional Director, Federal Security Agency, N. Presa & E. Houston Sts., San Antonio, Texas*
- MR. FRED KEARNEY, *Field Representative (Same address)*
- MR. HUGH M. GREGORY, *Field Representative (Same address)*

Louisiana, New  
Mexico, Texas

## REGION XI

- MRS. VYVYAN M. PARMELEE, *Acting Regional Supervisor, Division of Social Protection, c/o Regional Director, Federal Security Agency, 1706 Welton Street, Denver, Colo.*

Arizona, Colorado,  
Idaho, Montana,  
Utah, Wyoming

## STATES

## REGION XII

MR. EDWIN JAMES COOLEY, *Regional Supervisor, Division of Social Protection, c/o Regional Director, Federal Security Agency, 785 Market Street, San Francisco, Calif.*

California, Nevada,  
Oregon, Washington

MR. ALAN CROFT BLANCHARD, *Associate Field Representative (Same address)*

## AT LARGE

MISS ADELINE S. KELL, *Field Representative, Division of Social Protection, c/o Regional Director (optional), Federal Security Agency, 4th and Independence, S. W. Room 5444, Washington, D. C.*

MISS ANETA E. BOWDEN, *Associate Field Representative, Division of Social Protection, Federal Security Agency, 4th and Independence, S. W. Room 5444, Washington, D. C.*  
(On temporary duty in central office)

**Child Study Association of America Holds Annual Institute.**—*Family Morale in a World at War* is the subject of the annual program announced by the C.S.A. at the Hotel Commodore, New York City, for November 14th. Morning, afternoon and luncheon sessions will be held, with an imposing list of speakers, as follows:

Morning Session—10:00 to 12:00

**THE HOME FRONT AND THE NATIONAL EMERGENCY**

**Chairman:**

W. CARSON RYAN, President, Child Study Association of America; Professor of Education, University of North Carolina

**Speakers:**

GOVERNOR PAUL V. McNUTT, Federal Security Administrator, *The Home Front and National Defense*

BRIGADIER GENERAL LEWIS B. HERSHEY, National Director, Selective Service, *The Impact of the Draft on the American Family*

MARK A. McCLOSKEY, Director of Recreation, Federal Security Agency, *Recreational Problems in Camp and Community*

MRS. LYTLE HULL, Chairman, Women's Division of Defense Savings Committee for New York State, *A Defense Message*

Luncheon Session—12:30 to 3:00

Luncheon: \$1.50.

**FAMILY MORALE AND AMERICAN UNITY**

**Chairman:**

EDUARD C. LINDEMAN, Professor of Social Philosophy, New York School of Social Work

**Speakers:**

- MRS. FRANKLIN D. ROOSEVELT, Assistant Director of the Office of Civilian Defense, *Youth Attitudes and Family Morale*  
 DAVID M. LEVY, M.D., Psychiatrist, *Intolerance—It's Toll on the Intolerant*  
 EVERETT R. CLINCHY, President, National Conference of Christians and Jews, *Unity in Diversity*

**Guest of Honor:**

DOROTHY CANFIELD FISHER

Afternoon Session—3:30 to 5:00

**CHILDREN IN A THREATENED WORLD****Chairman:**

SIDONIE MATSNER GRUENBERG, Director, Child Study Association of America

**Speakers:**

- MARTHA M. ELIOT, M.D., Associate Chief, Children's Bureau, U. S. Department of Labor, *What We Can Learn from England*  
 JAMES PLANT, M.D., Director, Essex County Juvenile Clinic, *Emotional Strains in Times of Crisis*  
 Message from SUSAN ISAACS, British child-psychiatrist and author, read by  
 MRS. GEORGE VAN TRUMP BURGESS, vice-president, Child Study Association, *Children in Wartime*

All sessions (except luncheon) free to C.S.A. members on presentation of membership card. Non-Members: \$1.00.

A special session on *Radio and Our Children* will be held preceding the institute, at the C.S.A. headquarters at 221 West 57th Street under the auspices of the Association's radio committee, with a panel discussion of the challenge presented by radio and the present need for good childrens' programs. The time is November 13th, 2:30 p.m. and admission tickets may be secured on request.

**OTHER IMPORTANT RECENT MEETINGS**

The Association has joined in a large number of national and state events this fall. A few at which staff members have appeared on the program or at which A.S.H.A. exhibits have been shown are:

- Sept. 15-18 American Hospital Association Convention, Atlantic City  
 Sept. 29 to  
 October 3 National Recreation Association, Baltimore  
 October 6-10 National Safety Congress, Chicago  
 October 24-27 National Association for Nursery Education, Detroit  
 October 27-31 American Dental Association, Houston  
 October 27-31 National Association for Nursing Education, Detroit

**DATES AHEAD**

- November 5-6 American Conference on Industrial Health, Chicago  
 November 13 National Committee for Mental Hygiene, New York City.  
 32nd Annual Meeting and Luncheon, Hotel Roosevelt.  
 December 4-6 National Society for the Prevention of Blindness, Biennial Conference, Hotel Astor, New York.



## NEWS FROM THE 48 FRONTS

ELEANOR SHENEHON

*Assistant Director, in charge of Community Service, American Social Hygiene Association*

**Connecticut—Syphilis and Gonorrhea Still Head the List of Preventable Diseases.**—It is interesting, as a passing comment on the importance of syphilis and gonorrhea as public health problems, to note the figures in the Weekly Morbidity Report for the period ending September 27 just received from the Bureau of Preventable Diseases of the Connecticut State Department of Health, of which Doctor M. Knowlton is Director. Syphilis has a long lead among the reportable diseases, with a total of 62 cases. Gonorrhea comes next, with 42 cases. Mumps, whooping cough, and pulmonary tuberculosis account for thirty-odd cases each, chicken-pox for 29, and so on down the line.

There is nothing remarkable about this report, granted that we have in syphilis and gonorrhea two preventable and curable diseases which still have to be brought under full control. It is simply another piece of evidence that we have a big job before us to cut them out of their present all too prominent place in the public health picture.

**Georgia—Glynn County Reports Progress.**—The Glynn County, Georgia, Board of Health has issued a handsome eighty-two page *Summary of Health Activities* for the year 1940, prepared by Millard E. Winchester, M.D., Commissioner of Health. Attractively illustrated with photographs, including pictures of its famed "clinic on wheels," it presents an engrossing picture of county health activities in a southern state, where malaria is a problem as well as whooping cough and the other usual ills that flesh is heir to. The venereal disease control program will of course be of special interest to the readers of the JOURNAL. It includes not only Glynn County but also the two small adjacent counties of Camden and McIntosh, which make up the *Three Counties Against Syphilis* of the well-known U.S.P.H.S. film, and constitute a District Health Department in which a syphilis control program has been in progress for a number of years. Because the 33,000 population of the District is widely scattered over this area, the traditional approach has been reversed: instead of asking the patients to come to the clinic, the clinic has been put on wheels and taken to the patient. Our readers are familiar with this mobile unit and the effective way in which it has been used by the District Health Department, both for venereal disease control work and a general health program including well-baby clinics, maternal hygiene, and immunization.

Positive proof of the success of the campaign against syphilis was obtained when the young male Negro population of Glynn County registered for selective service. Their age group, 21-35 years, three years ago showed 40.1 per cent positive. Blood tests taken in

October, 1940, showed only 20.3 per cent positive, a reduction of fifty per cent in three years.

**Massachusetts and Missouri Adopt New Laws to Guard Family Health.**—Since the JOURNAL last reported on progress among the states in premarital and prenatal examination laws, two more states have lined up. In the closing days of its 1941 Legislature, Massachusetts adopted a premarital examination law which goes into effect November 1. The Missouri Legislature at long last passed the legislation so vigorously backed by the Missouri Social Hygiene Association for the past two years. This brings the count to 33 states having either premarital or prenatal examination laws, or both. Twenty-six states have the new premarital examination law which requires examination by a physician of both bride and groom, including a blood test for syphilis; seven other states have some type of premarital examination law; and of these 33 states, 23 have a prenatal examination law.

**New Jersey—Newark Health Department Reports on Follow-up Methods.**—The Department of Health of Newark, New Jersey, has allowed us to reproduce the *Notice of Hearing* used by its Division of Venereal Disease Control in following up delinquent patients.

The *Notice* is used sparingly, according to Doctor M. J. Exner, Director of the Division. Every effort is made to bring patients in for treatment, first by a follow-up letter and then by personal visits

**DEPARTMENT OF HEALTH  
CITY OF NEWARK**

To ..... of .....

**NOTICE OF HEARING**

*Whereas*, your supervision by the Department of Health for the protection of the public is necessary, and,

*Whereas*, you have not kept your appointments with the medical service of the Department for some time

*Now, therefore*, you are hereby ordered to appear before the Department of Health within three days from the ..... day of ..... at the City Dispensary Annex, Arlington and William Streets, and show cause why you should not be arrested for failing to obey the order of the Department of Health in accordance with the law

DATED this ..... day of ..... A.D., 194....

By order of the Department of Health of the City of Newark.

CHARLES V. CRASTER, M.D., D.P.H.,  
Health Officer.

Please Bring this Notice with You.

from investigators if the letter fails to return the patient. If these steps fail, a *Notice of Hearing* may be served, the decision in every case resting with the Director of the Division. In most cases this service will bring the patient in and renewed efforts to win his willing cooperation can be made. If the *Notice of Hearing* is ignored and the case is of sufficient importance from the public health point of view, the case may be brought into court.

The *Notice* is now in its fifth year of use in Newark and has proved a most useful and effective instrument for bringing back and holding patients with a tendency to lapse treatment.

**New Mexico Tests Her Young Men.**—During the period November 13, 1940, through April 30, 1941, according to a report received from Dr. M. Greenfield, Director of the Division of Venereal Disease Control, State Department of Health, the Public Health Laboratory of the State of New Mexico carried out 7,798 serological examinations for syphilis on specimens taken from 7,583 men coming up before the Selective Service Examining Boards. Since this is the first such general testing of the young men of this state, the results are of special interest as a partial picture of the syphilis problem in the state.

The tests used were the Standard Kolmer Complement-fixation, the Standard Kahn, the Exclusion Kline and the Mazzini flocculation test. The reports "Negative" and "Positive" indicate agreement in all the tests, and the report "Doubtful" indicates a very weak reaction or a marked disagreement in the results of the standard tests.

The total number of positives for all races was 321 or 4.23 per cent of the total. "Doubtful" reports accounted for 70 cases or .92 per cent, with the negatives totaling 7192 or 94.84 per cent. There was a marked variation in the percentages of positives by races, ranging from 2.85 for the Anglo-Americans, through 4.61 for Spanish Americans and 5.18 Indians, to 33.82 for the relatively small (136) Negro group. In each racial group except the Negroes prevalence was lowest for the age group 21-25 years, showed an increase in the 26-30 year age group, and was highest in the age group from 31 to 35 years. The percentage of positives for all races in this oldest age group was 10.74. In the Negro group the age of lowest incidence came in the 26-30 year age group rather than earlier, but, as has been pointed out, the number of Negroes examined was relatively small and may not therefore have statistical significance.

**New York—A.S.H.A. Arranges Round Table at State Conference of Social Work.**—The Forty-Second Annual Meeting of the New York State Conference on Social Work took place in Buffalo on October 21-24.

Of special interest to social hygiene workers was a round table discussion on the *Control of Venereal Disease as Affecting Prostitution during the National Emergency*, held at 9 o'clock, Friday morning, October 24th. At the request of the Conference Committee

on Public Health, Paul Benjamin, chairman; and in consultation with the New York State Committee on Tuberculosis and Public Health, this program was arranged by the A.S.H.A. Bascom Johnson, Director of Legal and Protective Activities for the Association, presided and the following well-known social hygiene experts participated:

Mr. Vaughn Bell, Director of Industrial Relations, Bell Aircraft Corporation, Buffalo, N. Y.; Captain E. W. Brown, (M.C.) U. S. Navy, Medical Officer of the Yard, Navy Yard, New York; Dr. W. A. Brumfield, Jr., Director, Division of Syphilis Control, New York State Department of Health; Miss E. Marguerite Gane, Executive Secretary, Children's Aid Society, Buffalo, N. Y.; Inspector Joseph B. Lynch, New York State Troopers, Division of State Police, New York; Hon. Austin J. Roche, Commissioner of Police, Buffalo, New York; Mr. Leo A. Sweeney, District Superintendent, Division of Placement and Unemployment Insurance, New York State Department of Labor; Hon. Victor B. Wylegala, Judge, Children's Court of Erie County, Buffalo, New York.

**New York City—Bureau of Child Guidance Holds Tenth Annual Conference.**—The Bureau of Child Guidance of the Board of Education of the City of New York held its Tenth Anniversary Conference and Luncheon at the Waldorf-Astoria Hotel in New York on October 18th. A panel on *The Role of Child Guidance in Personal and Community Health* was held in the Ball Room at 10:00 A.M. under the chairmanship of Frank J. O'Brien, M.D., Associate Superintendent of Schools, in charge of the Division of Handicapped Children.

Seven panel discussions held at the same hour were as follows:

*Public Schools and the Problem of Juvenile Delinquency*, Chairman: Max Winsor, M.D., Psychiatrist, Bureau of Child Guidance; *The Problem Child*, Chairman: Emanuel Klein, M.D., Psychiatrist, Bureau of Child Guidance; *The Educational Needs of Exceptional Children*, Chairman: Samuel Goldberg, Psychologist, Bureau of Child Guidance; *Adolescence*, Chairman: Miss Shirley Leonard, Chief Psychiatric Social Worker, Bureau of Child Guidance; *Schools and Social Agencies*, Chairman: Luther E. Woodward, Ph.D., Social Worker, Bureau of Child Guidance; *Symposium on Hearing Difficulties*, Chairman: Eugene C. Ciccarelli, M.D., Psychiatrist, Bureau of Child Guidance.

**New York City—Department of Health Gives Course for Physicians.**—The Bureau of Social Hygiene of the New York City Department of Health announces a clinical course for New York City physicians on the *Diagnosis and Management of Syphilis*, to be conducted by Doctor Louis Chargin, Consultant to the Bureau.

Sessions are held on Wednesday mornings at 10 A.M. in the Central Clinic on the street floor of the Department of Health Building, 125 Worth Street, Manhattan, starting Wednesday morning, September 24.

For those physicians interested in gonorrhoea, a similar course started on the same day at 1 P.M., and will continue thereafter at the same time in the Central Clinic. Doctor Jacob Birnbaum will direct the gonorrhoea sessions.

No registration or fee is required. Physicians should report to Central Clinic at the stated hour for these meetings. Those who attend may be reached during sessions at Worth 2-6900, Extension 331.

**Ohio—Cleveland College Social Hygiene Course.**—This course is described in the *Western Reserve University Bulletin* as follows:

“304. *Social Hygiene. First Term. Three hours of credit.*

*Tuition, \$30.00. Mrs. Elva Evans. Monday, 5:30–8:30 P.M. 2525 Euclid Avenue.*

A comprehensive study of sex and social health designed for teachers, social workers, leaders, and others confronted with problems in the field of social hygiene. Discussion covers such topics as the function of sex and its relationships to family and social living. Survey of legal and medical aspects. Programs are outlined for the sex education of the preschool child, the school child, the unmarried adult, and the married. Lectures by experts in special fields.

“304. *Social Hygiene. Second term. Three hours of credit.*

*Tuition, \$30.00. Mrs. Evans. Monday, 5:30–8:30 P.M. 2525 Euclid Avenue.*

A repetition of Biology 304 as given in the first term.”

(The course carries credit in Biology, Sociology, or Education.)

The outline, which will be continued, follows:—

I.—Nature of the Family—Biological—Economic—Social—Educational unity; Institutions of the past—customs—mores; Present family organization—changing status as to size, position of women, economic impact—disorganizing factors; Future status—changing educational needs—subsidizing youth.

II.—Nature of the Individual—As a member of the family—biological and psychological contributions; Anatomy and physiology of the female—reproductive organs—changes produced in ovulation—cycle of fertility—hygiene of menstruation and climacteric; Anatomy and physiology of the male—reproductive organs—changes produced with spermatogenesis—hygiene; Relationship with endocrine system—physiology and chemistry of the glands of internal secretion; Heredity and eugenics—transmission of characteristics—race betterment.

III.—Relationship of sexual instinct to family and social problems—Reproduction—development of the embryofetal life; A.—Marriage and Parenthood—Childbirth—maternal and infant morbidity and mortality; Responsibilities of parents—prenatal and postnatal problems; B.—Bridging the gap between maturity and marriage—The contribution of sex to the psychological development of the individual—the spirit and method of securing sex control—avoiding repression and license—frigidity—impotency—recreational and social relationships; C.—Individual and social results of failure to control sex impulse—Homosexual practices and masturbation—Sex experimentation with members of the opposite sex—the amateur and professional prostitute—surveys and attempts toward control; D.—Legal aspects—Cleveland’s picture—statistics on illegitimacy, delinquency, prostitution.

IV.—Education—Legislation—marriage—premarital and prenatal—commercialized recreation—divorce—prostitution, etc.; A.—Sex education—Instruction of children—preschool—preadolescent—the Junior and Senior High School—Premarital counselling of the adult; B.—Medical education—Venereal or genito-infectious diseases—syphilis—gonorrhoea—chaneroid; C.—Agencies participating—Community agencies—school—church—social—Official agencies—health and nursing services—hospitals, clinics, advice centers—local, state and federal.

**Ohio—Dayton Social Hygiene Association Explains Premarital Examination Law.**—A little two-page folder, *Questions and Answers concerning Ohio’s new premarital blood test law* has recently been issued by the Dayton Social Hygiene Association. Designed to answer questions that may arise in connection with the operation of the law, it gives the gist of the new regulations in simple form.

Some of the twenty questions:

Q: When does Ohio’s pre-marital examination law go into effect?

A: August 16, 1941.

- Q: What does the pre-marital examination law require of a couple who are about to marry?
- A: Each must go to a physician and have a physical examination, including a blood test for syphilis.
- Q: Who makes the blood test?
- A: The test is made by a state approved laboratory.
- Q: Can the couple get a marriage license as soon as they have had this test taken?
- A: No, after a statement signed by the physician and the laboratory statement have both been filed by the marriage applicant with the Clerk of the Probate Court, then an application for a marriage license may be made.
- \* \* \*
- Q: Do the states adjoining Ohio have laws similar to this?
- A: Every state bordering on Ohio has such a law. Ohio is the 25th state to pass such a law.
- \* \* \*
- Q: If a prospective applicant for a marriage license is told by his physician that a certificate cannot be granted because he or she has syphilis in a communicable state, what should be done by the individual?
- A: The individual should begin regular weekly treatments by a reputable physician. If he is unable to pay for the services of a physician, he should go to the Public Health Clinic at once.
- Q: Where can additional information be secured regarding syphilis or gonorrhoea?
- A: At the office of the Dayton Social Hygiene Association, Y.W.C.A. Building, Dayton, Ohio.

**Ohio—Sex Education in Cleveland Secondary Schools.**—For the third consecutive year the Family Health Association is cooperating with Central High School and Kennard Junior High School principals and teachers, with the approval of the Parent-Teacher organizations of both schools, in projects of sex education. In the Central High School, lectures and discussions will be planned around questions previously submitted by the students, in classes for boys and for girls on *Personal Regimen*. A short, intensive course is also given for teachers in this school, and the Parent-Teacher Association meets with the instructor at the beginning and at the end of the series given for the students. In the Kennard Junior High School, a short demonstration with a few classes will be followed by a series of planned lessons called *Social Health* which will reach every girl in the Junior High School through the girls' gym classes. This education is carried on by the Family Health Association of Cleveland, with the endorsement of the Joint Social Hygiene Committee, and is partially financed by the Beaumont Fund.

**Oregon.**—Dr. Richard B. Dillehunt, Dean of the University of Oregon Medical School has announced the creation of a full time Department of Public Health and Preventive Medicine including a Division of Social Hygiene Education. Dr. Adolph Weinzirl, formerly City Health Officer of Portland, has been appointed Professor of Public Health and Director of Social Hygiene Education. Support for this new activity is derived from the Dr. E. C. Brown Fund, which is being administered by President Donald M. Erb of the University of Oregon.

## INDUSTRIAL NOTES

EILEEN McGRATH

*Industrial Assistant, American Social Hygiene Association*

The Association's plan for bringing social hygiene information and advantages to workers has developed and been tried out during the summer months.

This program is three-fold: built on investigations of present industrial measures for health examinations including blood tests for syphilis through conferences with industrial nurses and physicians; furthering cooperation between industrial management and their local health authorities, (many industrialists are not aware of the ways in which their health departments can help them); and promoting educational programs for men and women workers.

These educational programs range from distribution of literature to meetings at which the Association's motion pictures on syphilis are shown, a health officer or local doctor speaks, and pamphlets are given away. Almost all companies which have been personally approached are eager to see their workers receive information about venereal disease. Leaflets are most usually distributed by way of racks in the doctor's office or by guards at the gate as the employees leave work.

**California:** Dr. Storey has been travelling through California, the state with the largest number of defense orders. He has visited many highly industrialized cities bringing about understanding and cooperation between management and public health authorities.

**West Virginia:** Twelve educational meetings were held in West Virginia coal mine villages by Miss McGrath in July. These gatherings, organized to spread information about venereal disease, were arranged to fit as closely as possible into the regular pattern of community life. Meetings were held in churches, school houses or village halls. Attendance was not limited by age, sex or color.

As a curtain-raiser local boys played hill-billy music on guitars and accordions. Moving pictures from the A.S.H.A. files were shown, a short talk by a local health officer followed and at the conclusion literature was distributed. As an added attraction a moving picture of employees' safety activities was shown and many of the audience saw themselves "in the movies." Civic and women's groups, health officers and nurses, management representatives and ministers lent enthusiastic cooperation. In one case the entire congregation attending a nearby revival was sent into the meeting with the proviso, however, that their minister could address the health group at its close!

**Ordnance Plants:** Ordnance plants which manufacture powder are situated in small towns, to minimize the effects and danger of explosion. Around these large plants gather all the unfortunate attributes of a mushroom or boom town, with few of the facilities for healthful recreation or medical care usually found in cities. The Association has received several requests for educational assistance from these plants, which generally hire, in their two divisions, about five thousand men and three thousand women. One of these requests to which the association is giving special attention says in part, "We anticipate some difficulty with venereal diseases since the housing accommodation and crowded town conditions encourage promiscuity."

**Industrial Publications:** A six-page pamphlet prepared for distribution to women in industry, *Calling All Women*, is just off the press. Like *Vital*, which has been distributed to a quarter of a million male workers to date, this attractive and readable leaflet about venereal disease is available at the cost of publication price, \$2.00 per thousand.

**Case-holding and the Worker:** Many industrial plants take measures to find all cases of syphilis among their workers. The management knows that syphilis reduces efficiency and increases the danger of injuries on the job; they also know that treatment obviates most of these difficulties and speedily renders cases non-infectious. However the difficulty is great of making a worker who does not understand his disease take regular and adequate treatment. For this reason many factories fire their positive cases. This policy defeats the aim of case finding and develops an army of unemployed.

The best means for rendering such a disastrous process unnecessary is to educate the worker, and here the Association can make a real contribution. By aiding with educational programs to explain venereal disease to the worker we can assist factories wishing to retain syphilitics under treatment, those already operating on this principle, and those plants which, because of the shortage of skilled labor, are revising their hiring qualifications. An interesting example of this last group is given by excerpts from a letter from the physician of a large ordnance plant:

"Another problem of importance in our hiring program was, what to do about applicants with positive serology. . . . At first, all of these were rejected, which had been the usual policy of the company. Reasons for this policy are evident. However, as our hiring program progressed, and our demands for skilled laborers became more pressing, the necessity for changing this policy was apparent. . . . Accordingly, we developed the following plan: in selected cases where we decide to take on an employee with positive serology, he was interviewed, his condition discussed and the terms of employment definitely settled; and they were, that his employment was entirely conditional upon his taking treatment. . . . Since the beginning of 'operations' . . . we have approximately 50 luetics on the job, and have gained the cooperation of about 95% of them. It seems that they are a . . . responsible group and are . . . prone to do as they are advised."



## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

“If he were young and had to begin again he would come to America.”

New York newspapers gave prominence to these words of Mrs. Paul Ehrlich, widow of the scientist who discovered salvarsan, as she described her husband's struggles, disappointments, and final success in finding “606,” the specific for syphilis, at a dinner arranged by the American Social Hygiene Association at the Hotel Waldorf-Astoria on October 11, celebrating the thirtieth anniversary of this important event. The *New York Times* and the *New York Herald Tribune*, in addition to using advance notices of the occasion, ran feature articles with illustrations in their Sunday editions, October 12th. The *New York Daily Mirror* devoted space to a special interview, and newspaper notice was generally taken of Mrs. Ehrlich's visit and the dinner. Her remarks in acceptance of the \$1,000 check presented to her by Dr. Hubert S. Howe on behalf of the Committee on Research in Syphilis were widely quoted: “I know that this is not in my honor—I myself am nothing but his wife—but I will use it as he would have wished.”

Special attention was also paid by the press to the address by Dr. Thomas Parran, Surgeon General U. S. Public Health Service, in which he said that through Dr. Ehrlich's discovery it might be possible, if efforts to clean up venereal infections continue, to make syphilis a rare disease in twenty years and gonorrhoea a rare disease in ten. Calling attention to the danger of infection spread in Army camps unless more intensive efforts were made to prevent it, Dr. Parran was quoted by the *Times*: “Why

should this proud young army, the cream of our youth, be allowed to contract venereal disease just because all armies have been torn by it in the past? Yet this is happening now in the mobilization areas. To stamp out syphilis and gonorrhoea—to make them as rare as typhoid fever—is a very small part of the great coordinated action of which we must be capable if we are to win the peace.”

Dr. Parran's talk was broadcast over station WMCA. Other portions of the program, including remarks of Mrs. Frances Payne Bolton, Congresswoman from Ohio, who presided; an address on the life and work of Dr. Ehrlich by the Rev. Alphonse M. Schwitalla, S.J., Dean of the St. Louis University School of Medicine, read by Rev. Charles A. Burger of Fordham University because of Father Schwitalla's sudden illness; and a brief reply by Mrs. Ehrlich, were broadcast over station WHN.

Leonard Lyons, of the *New York Post*, included in his column, *The Lyon's Den*, this amusing story about Dr. Ehrlich: “One of the rare occasions when he was able to restrain himself from supplying his services without charge occurred at an elegant London reception. A wealthy Britisher stopped Dr. Ehrlich in the center of the crowded ballroom. While the music blared, he stated his symptoms and asked for his diagnosis . . . ‘Right now?’ asked the scientist . . . ‘Yes, right now,’ answered the other . . . ‘Very well,’ Dr. Ehrlich agreed. ‘But I'll have to examine you first. So—take off your clothes.’”

### Around the Country

In Atlantic City, referring to the A.S.H.A. meeting arranged on Sunday evening, October 12, in connection with the American Public Health Association convention, the *New York Times* correspondent reported, "A special session presented by the American Social Hygiene Association was devoted to the protection of industrial workers in defense plants from venereal disease. Captain Ernest W. Brown, chief of the medical service at the New York Navy Yard in Brooklyn, declared that venereal control programs in the government's own defense plants, were not up to the standards imposed in the armed forces."

Both in New York and Atlantic City the *Associated Press*, *Wide-World News Photos*, and the *New York Times* did a complete job of covering the various meetings of the A.S.H.A. and the A.P.H.A. during the week October 11-17.

In Boston and throughout the state of Massachusetts newspapers have lately carried stories about the statewide appeal sponsored by the Massachusetts Society for Social Hygiene and the A.S.H.A. The *Clinton Courant* (October 3, 1941) reports that the influx of troops to Massachusetts from less healthful areas is endangering Massachusetts' excellent program for control of syphilis and gonorrhoea. . . .

Upstate New York newspapers in Buffalo and Rochester gave fine support to local appeals of the National Anti-Syphilis Committee during October. . . . The October 18, issue of *Life* contains a feature story on prostitution in relation to the national defense program. The story is built around what the U. S. Public Health Service, the Army, and the Navy are doing to protect the boys in uniform.

### With the Magazines

. . . *Newsweek*, issue of September 26, presented an excellent summary of the

prostitution problem based on facts drawn from the October number of the *JOURNAL OF SOCIAL HYGIENE*. . . . Dr. Irving S. Cutter, in his syndicated column in many papers, sends a continual flow of health information to his readers. Recently he reported on the massive dose treatment of syphilis (*New York Daily News*, September 21, 1941). . . . The *Southwestern Railway Journal* (September 1941) has recently cooperated with the A. S. H. A. industrial program by carrying information about syphilis and gonorrhoea. . . . *Credit Lines*, a monthly commentary sponsored by the Public Health Education Section of the American Public Health Association and written by Dr. Donald Armstrong, and John Lentz of the Metropolitan Life Insurance Company, for the *Journal of Public Health*, has devoted a generous amount of space to the A.S.H.A. publications and motion pictures in recent issues. The October number contains two reviews of recent motion pictures with a public health theme, *Dive Bomber* and *No Greater Sin*. . . . Greta Palmer, well-known feature writer, in an article in the *October Ladies' Home Journal*, *Camp Followers of the Army*, discussed problems of prostitution and venereal disease among soldiers and industrial workers. Her mention of the A.S.H.A. as a source of information has brought a flood of inquiries to the national office.

### With Industry

Many labor and industrial publications and company house organs have been devoting space to the venereal disease problem. Industry and labor have shown their willingness to cooperate in the fight against syphilis and gonorrhoea. Contact your local labor groups and the industries in your community and ask them to carry feature stories about syphilis and gonorrhoea in their publications. Offer them literature for distribution and arrange motion picture showings. They will be glad to work with your organization. The A.S.H.A. can send you a supply of the leaflets *Vital To National Defense* for men in industry, and *Calling All Women*, new leaflet also prepared for industrial workers.

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

**FAMILY RELATIONSHIPS; SEX IN CHARACTER EDUCATION.** An outline prepared for Family Life Committee of Social Hygiene Committee of the Visiting Nurse and Tuberculosis Association of Elmira; by Louise G. Campbell, Home Demonstration Agent-at-large, Family Life Department, Cornell University, and the Committee.

This outline, planned for six meetings of parent groups, is an excellent guide for discussion leaders. Topics proposed are: 1. *What does sex in character education mean to you?* 2. *What attitudes should parents have toward sex in character education?* 3. *In what ways can you teach your children about sex in character education?* 4. *What additional experiences involving sex in character education is your child likely to have as an adolescent?* 5. *What experiences do you need to provide for your children to safeguard them from social diseases?* 6. *Are there community resources which can help us in supplementing your home teaching about sex in character education?* Under each heading are presented several suggested questions for discussion, supplemented by reading references and the narration of a pertinent incident to stimulate discussion. A bibliography of books, magazine articles and pamphlets is appended, with a list of suggestions as to how the outline may be used. Copies may be secured from Miss Ethel Phillips, Secretary of the Visiting Nurse and Tuberculosis Association of Elmira, Federation Building, Elmira, N. Y.

### BOOKS

- THE CHRISTIAN INTERPRETATION OF SEX.** Otto H. Piper. New York, Scribner's, 1941. 234 p. \$2.00.
- COMMUNICABLE DISEASE CONTROL.** Gaylord Anderson, M.D. and Margaret Arstein, R.N. New York, Macmillan, 1941. 434 p. \$4.25.
- EXPECTANT MOTHERHOOD.** N. J. Eastman. Boston, Little, Brown, 1940. 176 p. \$1.25.
- GETTING READY TO BE A MOTHER.** Carolyn C. Van Blarcom. Revised by Hazel Corbin. Fourth Edition. New York, Macmillan, 1940. 190 p. \$2.50.
- HANDBOOK OF COMMUNICABLE DISEASES.** Franklin H. Top. St. Louis, C. V. Mosby Co., 1941. 682 p. \$7.50.
- HEALTHFUL LIVING.** H. S. Diehl, M.D. New revised edition. New York, Whittlesey House (McGraw-Hill), 1941. 499 p. \$2.75.
- HOW TO RAISE A HEALTH BABY.** L. J. Halpern. New York, Prentice-Hall, 1940. 399 p. \$1.95.
- LEADERS IN EDUCATION.** Ed. by J. McKeen Cattell, Jaques Cattell and E. E. Ross. Second Edition. Lancaster, Pa., The Science Press, 1941. 1138 p. \$12.00.
- PERSONAL AND COMMUNITY HYGIENE.** Dean Franklin Smiley and Adrian Gordon Gould. Third edition of the combined volume of *A College Textbook of Hygiene and Community Hygiene*. New York, Macmillan, 1941. 932 p.
- THE PUBLIC HEALTH NURSE IN ACTION.** Marguerite Wales. New York, Macmillan, 1941. 437 p. \$2.75.

- SEX TALKS TO BOYS. I. D. Steinhardt. New revised edition. For boys 10 years and older. Philadelphia, Lippincott, 1941. 188 p. \$1.75.
- SOCIAL LEGISLATION. Helen I. Clarke. New York, Appleton-Century, 1940. 626 p. \$4.50.
- UNDERSTANDING YOURSELF. Revised Edition. Ernest R. Groves. New York, Emerson Books, Inc., 1941. 279 p. \$2.50.
- WILLIAM HENRY WELCH AND THE HEROIC AGE OF AMERICAN MEDICINE. Simon Flexner and James Thomas Flexner. New York, Viking, 1941. 539 p. \$3.75.
- YOUTH'S COURTSHIP PROBLEMS. Alfred L. Murray. Grand Rapids, Mich., Zonder-van Publishing House, 1940. 208 p. \$1.35.

## PAMPHLETS

- AMERICAN MEDICAL ASSOCIATION. Five pamphlets reprinted from *Hygeia*. *Sex Education for the Pre-school Child*; *Sex Education for the Ten Year Old*; *Sex Education for the Adolescent*; *Sex Education for the Married Couple*; *Sex Education for the Woman at Menopause*.
- THE AMERICAN PLAN FOR VENEREAL DISEASE CONTROL. Bureau of Social Hygiene, New York City Department of Health.
- ANNUAL REPORTS AND HOW TO IMPROVE THEM. Ed. Mary Swain Routzahn. Social Work Publicity Council, 1941. 50¢. Special price on bulk orders.
- DIRECTORY OF VENEREAL DISEASE CLINICS. Revised to Jan. 1, 1941. U. S. Public Health Service. Washington, U. S. Government Printing Office, 1941. 107 p. 15¢.
- HEALTHY HAPPY WOMANHOOD. THE NEED FOR SEX EDUCATION. THE WONDERFUL STORY OF LIFE. Educational Health Circulars of Illinois Department of Public Health. Available to residents of Illinois free.
- MANAGEMENT OF GONORRHEA IN THE MALE AND FEMALE. With supplement outline of the newer chemotherapy of gonorrhoea. Bureau of Social Hygiene, New York City Dept. of Health, Room 329, 125 Worth St., New York City. Free to physicians and institutions upon request.
- MARKED FOR TRAGEDY. Elizabeth Webb. New York, Doubleday-Doran, 1941. 25¢.
- MODERN SEROLOGIC TESTS FOR SYPHILIS AND THEIR INTERPRETATION BY THE PHYSICIAN. U. S. Public Health Service. Washington, U. S. Government Printing Office, 1941. 15¢.
- THE NEWER CHEMOTHERAPY. U. S. Public Health Service. Washington, U. S. Government Printing Office, 1941.
- PROCEDURES OF COUNSELING ON SEX PROBLEMS. Lester A. Kirkendall. 14 p. 10¢. Send requests to author, Division of Educational Guidance, University of Oklahoma, Norman, Okla.
- REPORT ON ANNUAL HEALTH EDUCATION CONFERENCE. The New York Academy of Medicine.
- SCHOOL HYGIENE AND PHYSICAL EDUCATION. James Frederick Rogers, M.D. U. S. Office of Education. Washington, U. S. Government Printing Office, 1941. 5¢.
- STATE-WIDE TRENDS IN SCHOOL HYGIENE AND PHYSICAL EDUCATION. U. S. Office of Education pamphlet No. 5 (revised). U. S. Government Printing Office, 1941. 5¢.
- SYPHILIS IN MINING COMMUNITIES. By William Price Bittinger. West Virginia Medical Journal reprint.
- SYPHILIS IN MOTHERHOOD AND CHILD. U. S. Public Health Service. 20 p.

## IN THE PERIODICALS

- AMERICAN JOURNAL OF NURSING. New York, September, 1941. *The five-day treatment for syphilis*. By S. J. Axelrod, M.D. and Marie Sarsfield, R.N. p. 1039.
- AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY. St. Louis, August, 1941. *Syphilis and uncontrolled fertility*. By R. J. K. Stix, M.D. p. 296.
- AMERICAN JOURNAL OF PUBLIC HEALTH. New York, March, 1941. *Exhibits*. Criticisms of health exhibits at the New York world's fair. By Mayhew Derryberry, Ph.D. p. 257.

- New York, August, 1941. *Centralized collection of marriage and divorce records and their uses.* By B. M. Cohen, Ph.D. p. 824.
- New York, September, 1941. *Control of the venereal diseases in civilian areas adjacent to concentrations of armed forces.* By A. B. Price, M.D. and F. J. Weber, M.D. p. 912.
- New York, September, 1941. *Health problems in national defense.* By G. Canby Robinson, M.D. p. 969.
- AMERICAN JOURNAL OF SYPHILIS. St. Louis, May, 1941. *Case control methods in dispensary gonorrhoea.* By Rogers Deakin, M.D. and M. S. Wortman. p. 265.
- St. Louis, May, 1941. *The value of a tabulating unit to a gonorrhoea clinic.* By D. K. Hibbs, M.D. and B. H. Dickerson. p. 270.
- St. Louis, September, 1941. *The treatment of the peripatetic patient.* By J. E. Moore, M.D. p. 643.
- BOOKLIST. American Library Association, Chicago, May 1, 1941. *Health books for public libraries, 1940.* Compiled by I. L. Towner. p. 413. Reprint free on request to the National Health Library.
- CANADIAN PUBLIC HEALTH JOURNAL. Toronto. September, 1941. *Adaptation of the venereal disease control program to national defense.* By R. A. Vonderlehr, M.D. p. 454.
- EUGENICAL NEWS. New York, June, 1941. *Eugenics and national defense.* By Frederick Osborn. p. 37.
- HEALTH. Health League of Canada, Toronto, July, 1941. *Is venereal disease a moral issue?* Gordon Bates, M.D. p. 37.
- HEALTH BULLETIN. North Carolina State Board of Health, Raleigh, August, 1941. *Role of the medical social worker and the public health nurse in the control of syphilis.* By J. L. Callaway, M.D. and R. E. Barker. p. 5.
- HEALTH BRIEFS. Tennessee Dept. of Public Health, Nashville, Tenn., July 15, 1941. *Summary of the Tennessee premarital law, effective July 1, 1941.*
- Tennessee Dept. of Public Health, Nashville, July 15, 1941. *The unlayable ghost.* p. 1.
- HEALTH NEWS. New York State Dept. of Health, Albany, August 18, 1941. *A new program for the control of gonorrhoea.* p. 131.
- HEALTH AND EMPIRE. London, March, 1941. *Some social effects of the venereal diseases.* By E. C. Baldock. p. 101.
- ILLINOIS HEALTH MESSENGER. Springfield, May 15, 1941. *Some effects of the law requiring premarital examinations.* p. 69.
- INDUSTRIAL MEDICINE. Chicago, September, 1941. *Conference on serology and syphilis control, Ann Arbor, Mich.* By C. O. Sappington. p. 384.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Chicago, May 3, 1941. *The evaluation of premarital legislation.* By W. M. Sheppe, M.D. p. 2006.
- Chicago, July 19, 1941. *Function of public health in defense.* By Thomas Parran, U. S. Surgeon General. p. 186.
- Chicago, July 19, 1941. *Symposium on medical preparedness.* By Irvin Abel, M.D.; L. H. Weed, M.D.; S. J. Seeger, M.D.; R. T. McIntire, M.D.; and Thomas Parran, M.D. p. 177.
- Chicago, July 19, 1941. *U. S. Commission on physical rehabilitation. Report.* By George Baehr, M.D., Chairman.
- Chicago, July 26, 1941. *The confusing multiplicity of serologic tests for syphilis: standardization of the serologic report as a possible solution.* By J. E. Moore, M.D. and Harry Eagle, M.D. p. 243.
- JOURNAL OF CRIMINAL LAW AND CRIMINOLOGY. Chicago, July–August, 1941. *A psychological study of delinquents with chronic and casual physical complaints.* By R. D. Norman. p. 191.
- Chicago, July–August, 1941. *The role of statistics in evaluating community efforts on crime prevention.* By Myron Heidingsfield. p. 166.
- LADIES HOME JOURNAL. October, 1941. *Camp Followers of the Army.* Gretta Palmer.
- LIFE. October 18, 1941. *National Defense vs. Venereal Disease.* Francis Sill Wickware.
- NEWSWEEK. September 29, 1941. *All-out War on Prostitution Called Best Way to Curb Vice.*

## ANNOUNCEMENTS

**Last Month.**—The October JOURNAL, Number V in the series on *Social Hygiene and National Defense*, on the topic *The Attack Against Commercialized Prostitution*, is in active demand. Copies are being used by workers in the Division of Social Protection and the United Service Organizations, as well as by many newspapers and periodicals which have based news items on its contents. It is still possible to obtain the entire number. 35 cents postpaid. . . . Reprints (free) are available of the *Editorial* by Dr. William F. Snow (Pub. No. A-391); of Mayor LaGuardia's *Address* (Pub. No. A-369, free); *Laws Against Prostitution and Their Use*, by George Gould (Pub. No. A-383 is, 10 cents); *The May Bill Becomes Law* (Pub. No. A-389, free); *The Prostitution Racket Today*, by Paul Kinsie (Pub. No. A-388, 10 cents); and *Prostitution Abatement in a Venereal Disease Control Program*, by McGinnes and Packer (Pub. No. A-390, 10 cents).

**This Month.**—This *Special Number on The Schools and Education for Family Life* contains two preprinted articles, *An Approach to Sex Education in Schools*, which is *Bulletin Number One* in a series on *Education for Family Life* prepared by the Education Committee of the New Jersey Social Hygiene Association (Pub. No. A-365, 10 cents); and *Sex Character Education in Twenty-one Private Schools in New York City*, by J. A. Goldberg (Pub. No. A-377, 10 cents). . . . A new voice in JOURNAL columns is that of Miss Alice M. Steen, a Minnesota school teacher and a summer graduate student at the University of Minnesota, whose article, *A Challenge to English Teachers*, is a challenge to all. . . . Dr. McFarland's article *Where Shall We Teach?*, is also from a welcome new source. This issue unfortunately could not include *Bulletin Number Two* from the New Jersey group mentioned above, but this will be available as a separate publication, free to members and subscribers on request. See page 379 for further information.

**Next Month.**—The December JOURNAL will be a *Social Hygiene Day Number* and will, as usual, be full of useful and practical information and suggestions regarding programs, publicity, and other details to help you celebrate this Sixth National event. . . . Since many Social Hygiene Day committees will in their meetings stress protection of industrial workers from venereal disease, articles are being planned for this emphasis. . . . The closely related problem of commercialized prostitution in industrial and commercial centers as well as near Army posts will be the subject for other articles. It is expected that a new exhibit, *The Attack on Commercialized Prostitution*, which in preliminary form has already attracted much attention, will make its debut in miniature in this number. . . . *Exhibits for Social Hygiene Conferences*, by J. A. Goldberg, with photographic illustrations, will be one of the more technical helps for Social Hygiene Day. . . . At least one suggested radio or platform talk and many program suggestions can also be counted upon in this issue, which will be in the mail before December 1st.

**Premarital and Prenatal Examination Laws.**—Progress in this type of state legislation, noted on page 408, is included in a new *Summary of State Legislation Requiring Premarital and Prenatal Examinations for Syphilis*, revised by George Gould of the A.S.H.A. legal staff from the original study of such legislation by Aneta Bowden, formerly with the U. S. Public Health Service, and now with the F.S.A. Division of Social Protection. . . . This study lists the provisions of the laws in the various states in chart form for easy reference, and contains maps, chronological tables, special and general references, and the wording of typical laws which are considered adequate in form and content. It runs to thirty-two pages and will sell for 25¢ a copy, \$2.25 per dozen. Off the press during the first half of November.

### JUST RELEASED!

#### A Spanish Version of "With These Weapons"

The popularity of this one-reel sound film in English is repeated in the new Spanish translation. Narration by Alfredo Barrett, well-known as Latin-American commentator for the National Broadcasting Company. All titles, charts and other text have been translated. Price is same as for English version, 16 mm \$50, 35 mm \$75. Ask for free descriptive folder.

# Journal of Social Hygiene

Social Hygiene Day Number

## CONTENTS

We Need Not Tolerate Prostitution.....	Bascom Johnson.....	421
Milestones in the March Against Commercialized Prostitution.....		428
Division of Social Protection Announces Program.....		433
Syphilis, the Worker, and National Defense.....	Carl A. Wilzbach.....	436
Coal Mine Health Meeting.....	Eileen McGrath.....	439
Industrial Notes.....		441
Exhibits for Social Hygiene Conferences.....	Jacob A. Goldberg and Katherine Z. Whipple...	444
Current and Future Programs of Education Regarding Syphilis and Gonorrhea.....	R. A. Vonderlehr et al...	449
Education Through the Pharmacy.....	Joseph L. Stenek.....	453
Editorial: Keep America Strong!.....		455
Regional Conferences for Social Hygiene Day.....		457
Program Suggestions—Sixth National Social Hygiene Day.....		459
The 1941 Conference of Social Hygiene Executives.....	Eleanor Shenehon.....	462
Bibliography: The Attack on Commercialized Prostitution.....		465
Publications Received.....		467
Announcements.....		468

Sixth National Social Hygiene Day  
February 4, 1942

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

#### EDITORIAL BOARD

C.-E. A. WINSLOW, *Chairman*

JOSEPH K. FOLSOM

WILLIAM F. SNOW

EDWARD L. KEYES

JOHN H. STOKES

JOHN C. WARD

JEAN B. PINNEY, *MANAGING EDITOR*

WILLIAM F. SNOW, *EDITORIAL CONSULTANT*

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

Copyright, 1941, by The American Social Hygiene Association, Inc.  
Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

1790 BROADWAY, NEW YORK CITY

#### BRANCH OFFICES

CENTRAL STATES DIVISION: 9 East Huron Street, Chicago, Ill.  
BERTHA M. SHAFER, M.D., *Field Consultant*

WESTERN STATES DIVISION: 45 Second Street, San Francisco, Cal.  
W. FORD HIGBY, *Field Consultant*

WASHINGTON, D. C., LIAISON OFFICE: 927 15th Street, N.W., Room 609  
MRS. GERTRUDE R. LUCE, *Field Secretary*



# TWELVE WAYS TO CELEBRATE

## SIXTH NATIONAL SOCIAL HYGIENE DAY

**Regional conferences:** Attend one of the regional conferences scheduled for the first week of February. Conferences are already set for New York City, Boston, Cincinnati, and Oklahoma City. Write to the American Social Hygiene Association for information about these and other regional meetings.

**Community meetings:** Join with other interested groups and persons in sponsoring a community-wide meeting on February 4th. The Social Hygiene Day kit, available without charge to cooperating agencies, contains program suggestions.

**Group meetings:** At the regular meetings nearest February 4th of clubs or other groups to which you belong, ask the program committee to have a special speaker on social hygiene or a special social hygiene program. The kit also includes prepared talks on the subject.

**Youth groups:** Youth has an important stake in the social hygiene program: syphilis and gonorrhea have been called the "enemies of youth," since new infections occur most frequently in young people. Organize a community or regional meeting of leaders of youth groups to plan a program of action for them to take back to their own organizations. See Social Hygiene Day kit for a discussion of the special problems of young people in the present emergency.

**Social Hygiene Sunday:** The Church has always been in the front rank of the fight against conditions that threaten family well-being, as do syphilis and gonorrhea. Ask the pastors of your community, either through the Ministerial Association or individually, to consider delivering a sermon on Sunday, February 1st, or February 8th, on the nation-wide campaign against these diseases and the conditions that favor their spread. Offer to supply background material from your Social Hygiene Day kit for their use in preparing address. If you have a camp, training station or defense industry in your community, suggest that they write to the American Social Hygiene Association for *A Church Program for Defense Areas*.

**Newspaper publicity:** Write to the editor of your newspaper and ask him to run an editorial about Social Hygiene Day and its objectives, a feature story about syphilis or gonorrhea, and a news story about your meeting plans. The Social Hygiene Day kit of program and publicity aids contains suggested releases. Help by giving this material wide distribution.

**Other publications:** If your organization has a news sheet or other publication, carry a special item about Social Hygiene Day. Some of the text of the folder, *Keep America Strong*, may be used, or a special short statement obtained from the American Social Hygiene Association.

**Radio programs:** Get in touch with your local radio station and ask the manager to schedule a special Social Hygiene Day talk or series of talks. The Social Hygiene Day kit contains prepared talks as well as a sheet of spot announcements for radio use.

**Films:** Plan to use one or more of the American Social Hygiene Association's one-reel talking films as part of your meeting program. These include *In Defense of the Nation*, *Plain Facts about Syphilis and Gonorrhea*, and *With These Weapons*, the latter in both English and Spanish versions, and a new film, now in preparation, which tells the story of gonorrhea as *With These Weapons* tells the story of syphilis. Any one of these pictures is suitable for showing to any group, including mixed audiences, from high school age up. They may be borrowed from your state or local health department or social hygiene society or rented from the American Social Hygiene Association at \$5.00 a day of actual use, plus cost of carriage.

**Exhibits:** Ask the public library and your local book stores to arrange special Social Hygiene Day exhibits. Ask your drug and department stores to plan special window exhibits. The kit contains some exhibit items and a copy of *Your Guide to Social Hygiene Day Materials*, which lists additional exhibit and other educational aids, some of them free and many others at a special reduced Social Hygiene Day price.

**Mayor's Proclamation:** Ask your mayor to issue a statement to the newspapers declaring February 4, 1942, Social Hygiene Day in your town. A suggested form for such a proclamation is contained in the Social Hygiene Day kit.

**Ask other groups to cooperate:** Call Social Hygiene Day and the opportunities for service that it offers to the attention of other interested individuals and organizations in your community. Write to the American Social Hygiene Association for a supply of *Keep America Strong* to use as a mail enclosure. Or, if you prefer, send us a list and let us forward announcements directly from this office.

Form your Social Hygiene Day Committee now, so that plans may have an early start. Include in it someone with experience in gaining publicity. *And keep in mind that your work in the field of public information about syphilis and gonorrhea is a genuinely important part of the total defense effort.* Consult your local Defense Committee about your plans, ask their help and give them yours.

Write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 BROADWAY, NEW YORK CITY

## HEALTH MEETINGS IN THE MINING REGIONS OF WEST VIRGINIA

(see page 439)



### “EITHER A CHURCH OR A SCHOOL-HOUSE”

Typical locale of the dozen or more health meetings held for coal miners and their families in the mountains of West Virginia during July, 1941.

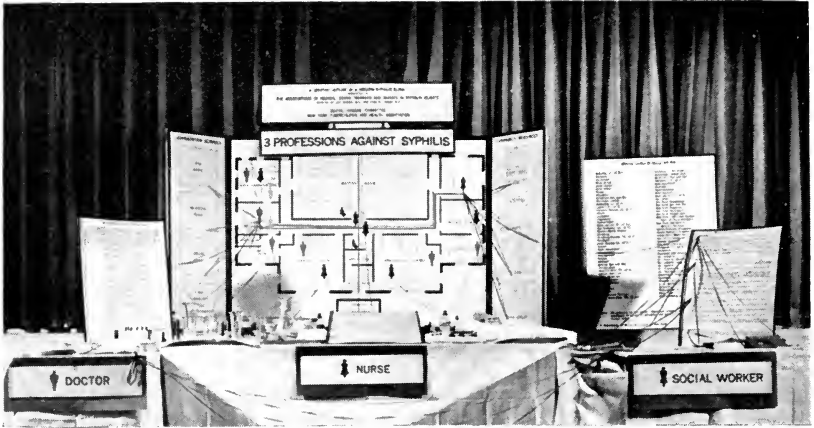


### MOUNTAIN MUSICIANS

They entertained the miners and their wives while a local physician or health officer and the Association's representative set up the motion picture projector and otherwise got ready to hold the meeting.

## TYPICAL SOCIAL HYGIENE EXHIBITS

(see page 444)



### FOR PROFESSIONAL WORKERS

An exhibit prepared and shown by the New York Tuberculosis and Health Association to indicate how doctor, nurse and social worker cooperate in the campaign against syphilis.



### AN EXHIBIT FOR PUBLIC EDUCATION

This panel series, accompanied by suitable literature for free distribution, has been widely shown throughout Upstate New York by the New York State Department of Health.

# Journal of Social Hygiene

VOL. 27

DECEMBER, 1941

NO. 9

## Social Hygiene Day Number

### WE NEED NOT TOLERATE PROSTITUTION

#### FACTS AND FALLACIES CONCERNING THE PROSTITUTION PROBLEM AND ITS EFFECT ON COMMUNITY AND INDUSTRIAL LIFE.

BASCOM JOHNSON

*Associate Director, in Charge of Legal and Protective Activities,  
American Social Hygiene Association*

The toleration by any community of open brothels and other forms of prostitution easily accessible to the public is a confession of failure by that community . . .

. . . Failure by parents and by religious and educational leaders to inculcate and secure observance of the high standards of sex behavior which most Americans believe will best preserve and protect the values in our basic institutions of home and family . . .

. . . Failure by citizens and educational leaders to secure to both boys and girls provision for adequate vocational training and opportunity for work . . .

. . . Failure by employers to provide jobs at a living wage which will permit marriage and parenthood . . .

. . . Failure by city fathers to prevent employers, by legislation and law enforcement, from employing girls at starvation wages or under conditions which contribute to their sex delinquency . . .

. . . Failure by citizens generally to insist that their public servants enforce the laws against prostitution already on the statute books . . .

. . . Failure by those public servants to do their sworn duty without such insistence.

### *Prostitution Endangers the Worker*

Consider the effects of the prostitution "racket" on that most important section of the community—the wage-earner.

Prostitution imperils the workers' health and otherwise endangers—

their capacity to get jobs—

their capacity to keep jobs—

their chances for successful marriage—

their chance to have and rear healthy children—

their chances for long life.

Prostitution endangers the character of men and women and that of their children, and limits, therefore—

their capacities to be good citizens—

their capacities to be good husbands and wives—

their capacities to be good fathers and mothers.

Prostitution endangers the integrity and efficiency of the workers' Government and, therefore, weakens the capacity of that Government to defend and protect the workers' lives, liberties, properties and rights to the pursuit of happiness.

### *Why Prostitution Hinders Health*

Prostitution endangers the worker's health because among other damaging effects prostitution is the greatest single means of spreading the venereal diseases. A good many fallacies have been fed to the public, both by word of mouth and in the press, to the effect that prostitution can be made or kept safe by periodical examinations of prostitutes and treatment of those found diseased. Public health and medi-

cal men of competence and experience are unanimous in declaring that this procedure has little or no public health value, certainly as far as gonorrhoea is concerned. This is obvious to anyone who gives the matter even cursory consideration. Aside from the fact that prostitutes may be carriers and transmitters of diseases even though medical examination does not reveal the germs of those diseases on their persons, prostitutes operating in "houses" and on a mass contact basis have neither the time nor the inclination to adopt and carry out such protective measures as are available, and these measures unless used carefully are of little value.

The best public health experts in the country unite in declaring that no system of public health control yet devised has made prostitution even reasonably safe. The only way, they agree, to limit the devastation of public health caused by prostitution is to fight this ancient evil with every weapon we can lay our hands to.

### *Industry Demands Strong Workers*

More and more industries are requiring, as a prerequisite to a job, a clean bill of health, or satisfactory evidence that applicants are being properly treated for any condition which constitutes a danger to themselves or their fellow workers. At present neither the Army nor the Navy is willing to accept for induction selectees with evidence of syphilis or gonorrhoea. It is also true to a considerable extent that jobs in defense industries are refused to such applicants.

Industry may be justified in refusing some types of employment to men or women who have been infected with syphilis and have not been cured. This is especially true where the safety not only of the worker but of his fellow workers is at stake. In addition through lack of treatment the disease may progress to a point where the crippling of the mind or body of the employee might lead to valuable machinery or material fabricated by such machinery, being destroyed.

In the conduct of transportation facilities such as airplanes, trains, buses, or taxicabs, it is essential that the opera-

tors of these public conveyances should be without any health handicaps which might destroy delicate coordination and thereby endanger the public safety.

For all these reasons, workers who have acquired venereal disease during their employment must certainly be expected to secure competent treatment or suffer the consequences.

### *Prostitution Undermines the Community*

Perhaps the most serious individual menace to the worker from prostitution is the damage which this evil and other forms of vice do to the views and character, particularly to the ideals and character of children.

Houses of prostitution are generally located nearer to the areas in which workers must live than to any other residential section of a community. This means, of course, that the workers dwell in an unwholesome environment; that they and their families, are constantly exposed to sights and sounds that cannot help but influence their attitudes and standards of sexual behavior. Homes and families cannot flourish in such an environment. Whether or not they are married and heads of families, workers living in such neighborhoods become conditioned to a thoroughly cynical view of life and its meaning. They grow to believe that graft, corruption, vice are to be expected, and that their participation therein will be condoned. Good citizens, husbands, wives, fathers and mothers do not usually develop from that type of environment. And the community which surrounds an important group of its citizens with such an environment cannot expect those citizens to be imbued with the ideals of Americanism, or that they will take much stock in the integrity and efficiency of our democratic institutions.

A local government elected by citizens so conditioned is certain not to rise higher than its source. Efficiency, economy, integrity are usually thrown overboard by such a government. Toleration of prostitution in violation of the law is usually accompanied by graft and corruption in the police department, and sometimes in the courts. When prostitution and other vices are entrenched in a community it quite frequently means that those who make money from these



vices desire to elect and continue in office persons who will not interfere with their illegal activities. Persons elected by the underworld are loyal to their supporters, and their interest in and protection of the vital interests of the general public are usually forgotten.

### *When Communities Fight the Good Fight*

Citizens and officials of cities I visit often ask "What communities have succeeded in carrying out the program you advocate, and what are the results?"

Among those communities which have made a successful fight against prostitution in recent years, the following deserve special mention: Memphis, Tennessee; Cincinnati, Ohio; St. Paul, Minnesota; Columbus, Georgia; Louisville, Kentucky; Tampa, Florida; Buffalo and Syracuse, New York; Boston, Massachusetts, and most other New England cities; Kansas City, Missouri; Baltimore, Maryland; Washington, D. C.

I do not mean that no prostitutes can be found in these and in other cities, where prostitution is being fought.

What I do mean is that in these cities which have established the policy of attacking prostitution, *not compromising with it*, prostitution is on the run. It is furtive and hard to find. It is not flaunted in the faces of its citizens, but is in hiding. In consequence, the volume of business done by prostitutes is less by 75 per cent than in those cities which, giving up the fight, have knuckled under to the vice racketeers.

Health results are always hard to measure, but we know definitely that venereal disease rates at Army and Navy posts in the vicinity of those cities which are fighting prostitution are much lower than are rates in camps near cities where open and flagrant prostitution exists. Government also is more efficient, economical and honest in the former than in the latter.

The citizens of the former are likely to be more law-abiding, self-respecting and honest than those of the latter.

*Silencing Some False Alarms*

Many doubting Thomases raise the old and discredited hue and cry to the effect that the repression of prostitution brings even greater evils in its train, such as rape and seduction, homosexuality and other perversions, and "scatteration" of vice all over the city. They never advance any evidence to support their contentions, but try to force their opponents to prove the negative.

The evidence on these points is quite to the contrary. Rape has nothing to do with prostitution. Rapists are as a rule pathological degenerates who have no interest in complaisant prostitutes. They operate quite independently from the "business" of vice. Seduction similarly goes on equally during the presence or absence of red-light districts. Homosexuality, by its very terms is apart from and antagonistic to prostitution. "Scatteration" only happens when the citizens and the police want it to happen. I have known of cases where the law enforcement authorities made this happen because they didn't want to see the law enforced, and hoped that scatteration would enrage public opinion to a pitch where the public would favor segregation of prostitutes in districts as the lesser of the two evils. There is no evidence in any city which has tried it that the repression of prostitution results in a "carnival of crime."

*The Greatest Danger of All*

Today, in this time of national emergency, when large numbers of men are concentrated in Army and Navy training camps and in the vicinity of defense industries, the "racket" of organized prostitution is costing the country millions—millions of hours of service from soldiers, sailors and industrial defense workers who become disabled by venereal disease; millions of dollars, paid by the taxpayer, for treatment of these men and their families and associates whom they may infect; millions of other dollars from the men's paychecks which might otherwise be spent for needed commodities or decent amusements. The greatest cost of all, which millions of dollars can not redeem, is the loss of health, happiness and self-respect by those who are victimized by this vicious traffic.

Among the tragic victims are the young men whose venereal disease infections prevent them from acceptance for service by the Army and Navy or defense industries. While a few of them may view their situation with complacency, the great majority of young Americans welcome the opportunity to defend against potential aggression all that they hold dear in our national tradition. The inability of these patriotic young Americans to serve their country emphasizes what I said in the beginning, that the toleration of prostitution is a confession of community failure—a humiliating confession because the failure is so unnecessary.

### *Turn Failure into Success*

A clean community environment can be obtained by carrying out a practical program to include fundamental measures like the following:

1. Educate our children and young people for sane and wholesome sex living.
2. Tell the public the facts about commercialized prostitution.
3. Strengthen laws relating to prostitution, and provide sufficient well-trained law-enforcement personnel and the proper facilities for handling this complex social problem.
4. Organize local voluntary committees to back up official law enforcement.
5. Provide adequate and wholesome opportunity for “good times in good company” for all young people.

When responsible citizens make sincere and alert effort to defend their community against commercialized vice in this way, success must prevail and the “business” of prostitution itself admit failure.

## MILESTONES IN THE MARCH AGAINST COMMERCIALIZED PROSTITUTION

**1886:** *Contagious Diseases Act* is repealed in England. This meant the overthrow of state regulation in that country, and did much to influence the United States against licensing prostitution.

**1899:** *First International Conference for the Suppression of Traffic in Women* convenes in England. At this Conference it first became generally known as a fact that a national and international traffic in women existed.

“Greed of gain was its motive and the helplessness of the victims furnished the ground of exploitation. It was not a mere question of supply and demand, but one of a stimulated supply and demand. . . .”

**1902:** *First Official International Conference for Suppression of White-Slave Traffic* meets in Paris to draft treaty embodying measures for suppressing international traffic in women.

**1904:** *International agreement adopted by thirteen nations*—Belgium, Denmark, France, Germany, Great Britain, Italy, the Netherlands, Norway, Portugal, Russia, Spain, Sweden and Switzerland—recognizing the imperative need to combat traffic in women and children.

**1906:** *Ratification of above treaty by United States Government.* Congress appoints the *National Immigration Committee*. Study of the question of importation of women for immoral purposes, leading to passage later of *Mann* and *Bennet acts*.

**1910:** *Second International Conference for Suppression of White-Slave Traffic* adopts convention requiring the nations represented to pass and enforce legislation to punish procuring minors under twenty-one for immoral purposes, even with their consent, and of adults by force or fraud.

United States Congress adopts *Mann Act* (prohibiting interstate and international traffic in women) and *Bennet Act* (penalizing those who import aliens for immoral purposes, and providing for deportation of aliens engaging in the business of prostitution).

*Chicago Vice Commission* makes exhaustive study of commercialized prostitution and reaches unanimous conclusion:

“Constant and persistent repression of prostitution the immediate method; absolute annihilation the ultimate ideal.”

Thirty other cities establish vice commissions and make similar studies, all arriving at practically the same conclusion.

**1914:** *National Vigilance Association* merges with the *American Federation for Sex Hygiene* to form the *American Social Hygiene Association*.

Promotion, under the Association's guidance, of widespread enactment of laws against commercialized prostitution, including laws against white slavery, injunction and abatement acts, laws for the establishment of reformatories for women, and such statutes as venereal disease reporting laws and laws against advertising of venereal disease remedies. The laws against white slavery aimed at successful prosecution of procurers and promoters of vice; injunction and abatement laws authorized suppression of disorderly houses as a public nuisance. The enactment in subsequent years of both laws in many states resulted in the closing immediately of numerous "red light districts" and marked the beginning of the end of these districts as an institution in this country.

**1917:** (1) *Draft Act* passed by Congress, including *Section 13* which prohibited prostitution in the vicinity of military or naval camps.

(2) *War and Navy Departments' Commissions on Training Camp Activities* are formed with programs of law enforcement, education and recreation, and cooperation in medical measures with the activities of the Surgeons General of the Army, Navy and Public Health Service.

(3) Pronouncement by the *American Medical Association* that  
"Sexual continence is compatible with health and is the best prevention of venereal infection."

(4) *United States Army and Navy* adopt policies recognizing sexual continence as a practical factor in venereal disease control.

These combined efforts strengthened the rising tide of determination throughout the country that all toleration and segregation of commercialized prostitution must go, and promoted an uncompromising warfare against prostitution. During 1917-18, upwards of 200 red light districts were closed, leaving hardly half a dozen by the close of the War.

**1918:** *Chamberlain-Kahn Act* passed by Congress, creating the *United States Interdepartmental Social Hygiene Board*.

**1919:** The *Vice Repressive Law* is drafted and subsequently enacted wholly or in its more important parts by the legislatures of 19 states. This new law, with its definition of prostitution to include both the giving and receiving of the body in sexual intercourse for hire, and its penalization of the man customer as well as the prostitute, marked a long step upwards in legislation in this field.

**1920:** (1) *All-America Conference on Venereal Diseases*, held in Washington, with 450 delegates, representing every public and social interest and every section of the Americas, adopts standards in the whole field of venereal disease control.

(2) *Incorporation of Article 23c* in the *League of Nations Covenant*, entrusting the League with general supervision over execution of agreements with regard to the international traffic in women and children.

1921: (1) *League of Nations Conference* in Geneva, all nations being invited and 34 attending. Recommendations submitted to League and eight incorporated in draft convention dated March 6, 1922.

(2) *Advisory Committee on Traffic in Women and Children* appointed by League of Nations, with central office at Geneva as recommended by the Conference.

1923-1927: (1) *Special Body of Experts on Traffic in Women and Children* appointed by the *League of Nations' Council*, as recommended by the new Advisory Committee, and instructed to make an "on-the-spot" investigation of the international traffic.

(2) Studies made for the *League* in 28 European and American countries during 1924-26 by a special corps of trained investigators.

(3) Special reports and recommendations. *Parts I and II* approved by the *League Council* and published.

1930-1933: (1) *Commission of Enquiry into Traffic in Women and Children in the Far East* appointed by League Council as an extension of earlier studies.

(2) Studies made in 15 or more countries in the Far East by the *Commission*.

(3) Report prepared, approved by the League Council and published.

1933: *American Social Hygiene Association* publishes 1927-33 report on prostitution conditions in the United States, indicating in many places throughout the country a backward trend not only in conditions, but in public thought and action concerning them; renewed efforts to organize voluntary forces to check this trend and regain the status of a decade earlier.

1934: *Traffic in Women and Children Committee* of the League of Nations adopts resolutions recommending abolition of licensed or tolerated houses of prostitution in all countries. National and international use of this report and related data, to promote united action in combating the organized commercial aspects of prostitution.

1935: Progress reports and further studies by the *American Social Hygiene Association* show little change from 1933-34.

1936: Dr. Thomas Parran is appointed as Surgeon General of the United States Public Health Service; writes article, *Why Don't We Stamp Out Syphilis?* for *Reader's Digest* with a circulation of over two million; calls *Conference on Venereal Disease Control*

Work in Washington, with recognition of commercialized prostitution as a factor in infection.

**1937:** *First National Social Hygiene Day*, sponsored by the American Social Hygiene Association to arouse public interest and cooperation in the government campaign against syphilis, is celebrated in 45 states, with over 100,000 people joining in meetings, radio programs, film showings and other observances. . . . Dr. Parran's book, *Shadow on the Land—Syphilis*, states: "It is my deep belief that an attack upon organized commercialized prostitution is one of the necessary factors in a coordinated campaign against syphilis."

**1938:** *LaFollette-Bulwinkle Act* is passed by Congress, providing the Public Health Service with funds for assistance to the states in venereal disease control programs. The initial appropriation for 1938-9 is three million dollars, more than matched by state appropriations. . . . *Second National Social Hygiene Day* is celebrated by 3,000 communities.

**1939:** Congress appropriates five million dollars to continue *Federal assistance to the states* in campaigning against syphilis and gonorrhea. The states meet this appropriation with upward of seven million dollars. . . . *Third National Social Hygiene Day* rolls up a total of 5,000 communities celebrating in every state plus Alaska, Cuba, Hawaii and Puerto Rico. . . . President Roosevelt declares a *limited national emergency*. . . . American Social Hygiene Association is asked to confer with Public Health Service and military authorities on commercialized prostitution as a source of infection of syphilis and gonorrhea, and to aid states and communities in the vicinity of military camps in discovering prostitution conditions and establishing repressive measures.

**1940:** *American Social Hygiene Association* staff studies prostitution in 129 cities in 23 states and the District of Columbia, and in 46 areas near Army, Navy and industrial establishments, furnishing report of findings to military and health authorities as a basis for action. War and Navy Departments, Federal Security Agency and State Health Departments adopt *Agreement on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees Are Concentrated*, in which assistance of the American Social Hygiene Association is asked, and cooperation of the parties to the agreement is pledged to local police authorities in repressing prostitution.

Congress appropriates \$6,200,000 for further *Federal assistance to the states* in venereal disease control. . . . *Fourth National Social Hygiene Day* challenges American communities to attack commercialized prostitution.

**1941:** *May Act* is passed by Congress and signed by the President on July 11, "to prohibit prostitution within such reasonable distance of military and/or naval establishments as the Secretaries of War and/or Navy shall determine to be needful to the efficiency, health, and welfare of the Army and/or Navy."

*Division of Social Protection* created under the Office of Defense Health and Welfare, *Federal Security Agency* . . . American Social Hygiene Association prepares and publishes *Digest of Laws Dealing with Sex Offenses*; makes prostitution studies in 291 cities in all states; produces and distributes one-reel sound film *In Defense of the Nation* which tells how prostitution hampers national defense. . . . *Fifth National Social Hygiene Day* drives the vice-versus-defense problem home to communities. . . . Congress appropriates \$6,250,000 for assistance to state and local venereal disease control. State appropriations also increase.

**1942:** *Sixth National Social Hygiene Day*, February 4, 1942, with the slogan *Keep America Strong—Help Build Better Health Now!* marks another milestone in the steady and continuing progress towards healthier and happier community and family life.

Thus the stage has been set through more than fifty years of experience, public education, enactment of laws, and testing of practical procedures. As has been said, Congress and the President have given effect to the will of the people to protect both military forces and civilians against prostitution and the venereal diseases, by passing the May Act. Governor Paul V. McNutt, the Director of Defense Health and Welfare Services, and the Assistant Director, Charles P. Taft, have established a Division of Social Protection and a field staff of regional workers for close contact and assistance to state and local officials and agencies in repressing commercialized prostitution, promoting the rehabilitation of women and girls, and protecting both men and women from exploitation by the promoters of environments and amusements conducive to sexual promiscuity. All this is being coordinated with the recreation and other divisions of the Defense Health and Welfare Services and with the Public Health Service Division of Venereal Diseases and related divisions, the Joint Army and Navy Committee on Welfare and Recreation, the work of Army and Navy morale officers, officers of the Surgeons General and of other Federal administrative officers. All these agencies have also established close relations with the United Service Organizations, the American Social Hygiene Association, and affiliated national voluntary agencies concerned with related activities.



## DIVISION OF SOCIAL PROTECTION ANNOUNCES PROGRAM

Mr. Eliot Ness, newly appointed Director of the Federal Security Agency's Division of Social Protection, on September 10th released the following statement regarding the Division's purposes and plans:

It is the purpose of the Federal Defense Program to safeguard the health and morale of the armed forces and of the workers in defense industry. The Division of Social Protection has been formed to implement this purpose.

The first task of this Division is to promote the public health by the reduction of venereal disease through the repression of commercialized prostitution.

The responsibility of the Division of Social Protection is by no means limited to this task, however.

The Division is concerned with the protection of the community, and particularly of its girls and young women, from prostitution and other related social hazards. It also stimulates the constructive treatment and care of girls and women detained by the police.

In its long term aspects, this Division is an integral part of the total public welfare program. It depends for its effectiveness upon the established agencies for public health, medical care, law enforcement, public assistance, recreation, and child protection, and in turn supplements these agencies in its particular field.

The program of the Division of Social Protection is summarized below under four headings, relating to repression, treatment, protection, and cooperation.

### A. *Repression of Commercialized Prostitution*

- (1) The method adopted by the Division towards the control of venereal disease is the repression of commercialized prostitution for the purpose of reducing to a minimum contacts by prostitutes with men in the armed forces and in defense industry.
- (2) While those interested in the program believe in its moral implications, the Division considers it most important that the program be administered as a public health and protective measure without any suggestion of a moral crusade. One reason for this is the almost universal resistance of the citizenship of this country against governmental supervision of sexual morality. It may be that this resistance is allied to the fundamental American

concept of religious liberty, since religion and morals are so closely associated. Just as the good citizen who is convinced of the importance of religion in human life may be strenuously opposed to any attempt by government to guide the practice of religion, so the good citizen while believing strongly that extra-marital relations tend to destroy the values of family life may still be unwilling to see the Federal Government attempt to control such relations.

- (3) The program is unalterably opposed to any toleration of commercialized prostitution, either in segregated districts or under medical supervision. This is based upon experience and studies which have proven that segregation does not segregate and that medical supervision alone cannot prevent the spread of venereal disease.
- (4) It is the policy of this Division to work through State and local authorities. It is the hope of those responsible for the administration of this program that the repression of commercialized prostitution will continue as a permanent policy throughout this nation after this emergency is over. This can be accomplished only when State and local authorities and local communities are convinced that repression rather than toleration is the answer to the problem. It is, therefore, the responsibility of this Division to attempt to bring about the voluntary adoption of its program by local authorities as a permanent policy. The establishment by military authorities of areas as out of bounds for men in uniform, or the invocation of the May Act, are measures to be taken only as a last resort. Experience in the last war, and the attitude of Federal and local authorities to date in this emergency, all point to the likelihood that our program can be established in most defense areas on a voluntary basis.

#### B. *Treatment of Prostitutes*

- (1) The aim of this program is to get local authorities to deal with the individual prostitute as a human being with the aim that those who are capable of rehabilitation can be helped back to ways of life which are more constructive.
- (2) Our field representatives will seek the establishment of facilities for the classification of girls and women picked up by the police so that those who can be helped can be separated from those who show little hope of rehabilitation, and so that those in need of special treatment can be given such treatment or sent to places where treatment is available.
- (3) Our field staff will seek provision of adequate facilities when needed for the treatment of women, on an individualized basis, whether that treatment be (a) medical, (b) custodial, (c) training, (d) placement in jobs, (e) placement in family foster homes, (f) assistance to return to their own homes, or (g) other constructive measures.

C. *The Protection of Girls in Defense Areas*

- (1) Protection of girls in defense areas involves supervision of places of employment where (a) wages may be inadequate to meet the girls' minimum requirements for food and shelter and (b) where the girl employee may be subject to pressure to engage in prostitution as a consequence of her employment.
- (2) It likewise involves supervision of places of commercial recreation where girls may be in danger of being led into prostitution.

D. *Cooperation with other Agencies*

Those engaged in this program are well aware that this Division is only one of many agencies whose work is necessary to bring about the desired results.

- (1) We do not attempt to work with the man in uniform, leaving his education with reference to social hygiene and the control of his actions to the military and naval authorities.
- (2) We are fully convinced of the importance of such positive action as the provision for recreation and other leisure time activities for the soldier and sailor, but leave that to the military and naval authorities as supplemented by the Division of Recreation of this Agency, by the USO, and by many other interested agencies and organizations.
- (3) We are vitally concerned that those persons with venereal disease receive prompt, effective, and conclusive treatment so that they may first be made non-infectious and second, cured, and we know that the U. S. Public Health Service is on that job.
- (4) In the field of law enforcement we depend on local authorities, the Military Police, and in the exceptional case on the Department of Justice.
- (5) In the care of the apprehended prostitute and in the protection of girls and young women in danger of prostitution, we depend upon the facilities and resources of the agencies of local, State and Federal Governments.

*Conclusion*

The Division of Social Protection then, takes its place as an integral part of the Office of Defense Health and Welfare Services. On the State and local level it will maintain its responsibilities in a cooperative and constructive fashion working with public officials, private agencies, and interested citizens. It stands ready to modify its efforts and plans in accordance with new experiences and developing community needs. It is the will and desire of the American people to protect the health and morale of the men in its armed forces and defense industries. The Division of Social Protection will contribute to this end. We intend so to plan and execute the program that it will be accepted by the States and become the permanent policy of local government throughout this nation.

## SYPHILIS, THE WORKER, AND NATIONAL DEFENSE

CARL A. WILZBACH, B.Sc., M.D.  
*Commissioner of Health of Cincinnati, Ohio*

In 1939 we reported the results of the efforts to find and treat syphilis among industrial workers in Cincinnati, Ohio.<sup>1</sup> We indicated success in getting the full support and cooperation of industrialists and workers with approval of the unions. We also had the sanction of physicians, the health department and the public. Dr. R. H. Markwith, Ohio State Director of Health, has been keenly interested in the Cincinnati program since he took office in 1939. United States Public Health Service funds for syphilis control were provided through the State Department of Health, the local community matching federal and state funds.

In this report we gave the results of five thousand serological tests as 2.6 per cent positive, and stated that almost all of them were under treatment, most of them by private physicians.

We came to the conclusion that here was a method of testing large numbers of men and women; that a sufficient number of workers were found with syphilis to justify the effort; and that great health benefits accrued to the workers and members of their families.

Since that time the country has been plunged into the national defense emergency, and the health of the worker has become the prime concern of people everywhere, including federal and state health authorities and local physicians. Men and women must be protected from disease and kept strong and healthy for the vital part they play in national defense.

Syphilis and gonorrhoea can be prevented. If caught, they can be cured. There is abundant medical evidence to prove this. The job ahead is to find these diseases, to prevent their spread and to keep the infected patient under treatment until he is cured or is no longer a danger to himself or to others.

Examining large groups of workers is one of the quickest methods of finding syphilis and gonorrhoea in a community. It is part of the general program that attempts to deal with all phases of the control of syphilitic and gonococcal

<sup>1</sup> *A Syphilis Control Program in Industry*, Carl A. Wilzbach, B.Sc., M.D. *Journal of Social Hygiene*, February, 1940.

infections, including: public education; the curbing of prostitution, which furthers the spread of the disease; provision for finding all cases; and thorough treatment of all persons with these diseases.

Up to October 1, 1941, in Cincinnati, 137 firms, employing nearly 50,000 workers, conducted blood tests for syphilis. In addition to these, 33 plants had completed their testing and were routinely examining all new employees. There remain 43 more plants, involving 77,000 employees, where the employers have agreed to have their employees tested as soon as it is feasible. The chief impediment at present is the routine finger-printing of workers and the rush of defense orders.

As a direct result of the interest created by the blood testing of workers, 28 firms have started to make complete medical examinations of all employees. In some instances medical departments, including doctors and nurses, have been provided in the plants. There are in all, 55 firms in Cincinnati, employing more than 39,000 men and women, who now make complete examinations of all old and new employees, including tests for syphilis.

A recent tabulation of 41,029 men and women workers blood-tested for syphilis, shows that 4.1 per cent had evidence of the disease (i.e. gave positive serological reactions).

A more detailed study of the figures shows that certain groups of workers have a higher percentage of syphilis than others. It is important to have this information because we can attack these centers of infection first.

It is obvious that it would be unwise to provide at this time, the names and the exact types of firms where the high percentages of syphilis were found. It can be said, however, that in a certain group of men and women workers classified as light industry—concerned with activities and products of importance to public health—involving 11,359 workers, the high range of positive serological tests was 7.9 per cent and the low 0.7 per cent.

In another group, of so-called "heavy industry" workers, some 5,322 were tested and the high rate was 11.6 per cent positive, the low 2.5 per cent.

In one group of workers concerned with the production of various equipment and supplies involving 7,790 workers, there was found a high rate of 6.3 per cent positive, the low 0.5 per cent.

In the group concerned with textile, leather and certain home furnishings, there were 2,664 examined and the highest rate of positive tests was 11.5 per cent, the low, 1.1 per cent and the average, 2.6 per cent.

In the common labor group, including some workers on public and private relief, of which there were 3,371 tested, the highest rate of positive tests was 18.6 per cent and the low 5.3 per cent.

The above figures include Negro and white men and women workers of all types. The population of Cincinnati is 455,610 of which 55,959 are non-white. Almost the entire non-white group is made up of Negroes.

An incomplete list shows the wide variety of professional, office, factory and service workers tested:

Building Supplies	Hotels (all employees)
Box-makers	Laborers (unskilled)
Bakeries and Baked Products	Light Manufacturing
Buses	Machine Tool
Breweries	Mattress Manufacturing
Clothing Manufacturing	Metal Containers
Chemical Products	Paper and Printing
Social Club Employees	Paint—Color Works
Car Manufacturing	Restaurants
Candle and Grease	Soft Drinks
Dairy and Ice Cream	Soaps and Cosmetics
Distilled Liquors	Shoe Manufacturing
Electrical Appliances	Street Cars
Food Manufacturers	Taxicab drivers
Foundries	Tailor Manufacturing
Freight and Delivery	Tanneries
Fertilizing Plants	Truck drivers
Grocery Stores	

Many infections were found in persons who did not know that they had the disease.

Of the number of persons discovered with the disease, 93.7 per cent are known to be under treatment, as shown by a rather effective city-wide follow-up and case-holding program. The remaining 6.3 per cent have left employment, moved from the community or were deceased. Sixty-seven per cent are being treated by their private physicians and 26.6 per cent are being cared for in public clinics.

There was, as expected, improvement in the health of the men and women who were treated. The effect on infant mortality and syphilitic babies can not at present be measured, but undoubtedly there were gains. There were economic gains for the worker as well as the employer.

In our relations with industrialists, we are impressed most of all with their sincere interest in their employees. This was manifested not only in their willingness to pay physicians and nurses and other costs in order to help improve the health of their employees, but in not discharging those who were found to have syphilis.

“Syphilis,” says Surgeon General Thomas Parran, “is now a major hazard to health and efficiency. Efforts to improve industrial hygiene must include more attention to syphilis control among workers. If each industry will take responsibility for knowing its own problem, for seeing that treatment is available, for continuing to give employment to those who seek a cure, the cost to the industry will be paid promptly in terms of reduced sickness losses and more efficient labor. The employees, their families and the community will benefit.”<sup>2</sup>

<sup>2</sup> *Syphilis Case Finding in Industry*, Albert E. Russell, M.D., Surgeon, U.S.P. H.S. American Medical Association Journal, April 6, 1940.

## COAL MINE HEALTH MEETING

EILEEN MCGRATH

*Industrial Assistant, American Social Hygiene Association*

July is hot in West Virginia, but the mountain evenings are cool, so by seven-thirty the miners and their wives and sometimes a few children walked down the dirt road, past the company store to the "Health Meeting." They came from wooden, one-story company houses, rows upon rows of them, all alike, with patches of green grass and whitewashed board fence in front.

The villages lay in hollows between the mountains: a group of houses, two or three stores, a pool room and a church. Often we had a hard time finding the meeting place. The villages are so isolated that only those actually living there can direct you. The best landmark is the tippie outlined against the sky with its cage for lowering men into the mine, and the mountain of slag smouldering nearby.

Sometimes, even after we found the right place, it took a while to set up the picture projector while we strung wires to bring electricity in from the next house. When the meeting did start the room looked rather like the beginning of a giant spider's web. Fortunately we had brought a band of hill-billy musicians to pass the time while we got ready. They played songs on guitars and accordions while the young men leaned against the fence outside and talked.

The meeting place was either a church, with the movie screen in front of the pulpit, or a school house with the smallest chairs stacked in the corner, or an abandoned store. It was quiet inside except for the noise of boys playing round the building or occasionally a baby squalling in his mother's arms. The crowd was attentive, about a hundred of them, men, women and children, white and colored. They already knew something about the evening's subject, syphilis, which they called "blood treatment work," enough to want to hear

more, for they had heard there was a county nearby with half its population infected.

First came an extra attraction for the evening, colored moving pictures of the company's first aid meeting in which many of the audience appeared. Laughter punctuated recognition of friends. Later an American Social Hygiene Association movie was shown, its figures on the prevalence and effects of venereal disease greeted with gasps of astonishment.

Local doctors or health officers proved interesting speakers. They told anecdotes about cases they had treated and outlined the work of their county clinics. One health officer invited any interested person to visit his office in the court house of the next town down the road. The writer took him at his word and arrived just in time to see him hurrying off to the jail with an enormous glass pickle jar filled with sulfathiazole tablets for the inmates.

The doctors emphasized their chief problems in treating syphilis: "Patients wouldn't believe they were infected until they suffered from the final effects. They laughed at blood test reports that the germ was active, even four plus reports (the most positive). Claimed they felt fine. Even if they came in for a few treatments it was almost impossible to make them continue until properly protected. Recently there had been the case of a man who was seriously affected. He took a few injections and then went back to his shack in the mountains and refused to return in spite of warnings that the infection was beginning to attack his nervous system. Some months later neighbors sent for the police, to arrest him: he had started shooting at passersby and had to be taken to jail, "a raving maniac."

The mine superintendents acted as chairmen for the meetings and helped round up the audience. They and the boy scouts distributed circulars advertising the gathering. These men acted as unofficial mayors in their villages, and their support was valuable. The superintendents were in fact very much concerned with the disease and with seeing that those who needed treatment took it conscientiously. One told a startling story about a syphilitic who stopped treatment too



soon. From being one of the most careful workmen he developed into the most dangerous. He began to leave sticks of dynamite around and one day attempted to push a fellow miner down the pit. Examination showed syphilis had begun to affect his brain.

Children were of course attracted by the music and the "free movies." They crowded in barefoot, rushed down to the front seats, some with bottles of pop in their hands which later when they were empty rolled hollowly around on the floor. One evening as we approached the meeting place we heard doleful singing from the next door building. It turned out to be a revivalist minister holding a young people's "sing." A rapid conference arranged a beneficial exchange, his group were sent in to our meeting and at its conclusion the revivalist addressed the entire group!

The most striking conclusions drawn from the meetings were; that we have reached a period in which social disease can be discussed before any mixed group; and that education about health in this country has finally seeped down through the population, arousing interest in such problems and a desire for more information. We have, of course, a long way to go before accurate knowledge is widespread. Certainly the more widely used medical terms are often misunderstood; witness the story of the colored girl who had offered herself as a blood donor and when she was refused, approached the doctor indignantly crying, "What's the matter with using my blood, doc? The nurse tells me it's four plus. That's the best, ain't it?"

## INDUSTRIAL NOTES

EILEEN McGRATH

A few tabulations are now complete on the questionnaire about venereal disease control practice which the Association has sent to industry over the country. The study was made on a sampling basis. Returns have come in from plants in 35 states and represent the major types of industry.

The questionnaire necessarily went to plants which were large enough to have an established health policy in industrial medical

service and the mechanics to answer the series of questions asked. These questions sought to discover whether the company was including serological tests for syphilis in health examinations and what disposition was made of the cases discovered.

### *Industry and Case-Holding*

In the past many doctors and health officers have hesitated to urge a company to include tests for syphilis in the employees' health examination because only too often this led to discrimination against the infected workers. Either management did not understand that a worker under early and adequate treatment rapidly becomes non-infectious and is no greater compensation risk than his uninfected brother, or else it did not wish to take the small routine trouble necessary to see that positive cases were under steady treatment.

Today this attitude is changing. Many plant physicians have been able to convince the management not only that it may mean dollars and cents saved in absenteeism and compensation costs to find syphilis; but that retaining infected employees is a public service which pays dividends in higher morale, and costs little.

From the point of view of case-holding, industry represents a splendid opening. Next to those in the armed forces and those detained in public institutions, workers in factories having medical services are the group most easy to deal with. Records are on file as to where they live and where they may be found at any moment. When job-holding is contingent on taking adequate treatment for syphilis, there is little trouble in persuading the worker to stick to his treatment schedule. With an almost negligible effort any company can insure its infected workers remaining under medical care for the necessary period.

An increasing number of companies are engaged in case-finding. What are they doing about case-holding? Are they discharging their workers who then form an army of syphilitic unemployed, roaming from place to place looking for work and in some cases spreading infection? Or are they retaining infected workers who are otherwise able to qualify for their jobs and insisting that they get adequate medical care?

A study has been made of the first answers from 175 industries. Out of this number 104 are including serological tests in at least some of their medical examinations.

Of the 104 companies which seek to find syphilis, *only four* discharge the infected cases.

A larger number, 21 companies, do not fire old employees when their infection is found, but do refuse to hire any new workers who are syphilitic.

Out of the total of 104 companies giving serological tests, 76 retain all positive cases and insist that they take adequate treatment.

By percentage rates the picture looks like this:

60 per cent include test for syphilis in employees' physical exam.

4 per cent of this number fire all positives.

20 per cent of this number retain old workers if infected, but refuse to hire syphilitics.

73 per cent retain syphilitics and require them to take treatment.

The encouraging fact brought out by these figures is that almost three-fourths of those companies which look for syphilis are attempting to see that the case is held and treated. This is a far higher figure than that shown in a similar study made by the Association eight years ago. The change reflects the greater understanding of syphilis as a treated and untreated disease by industrial management, as well as some hard plugging done by the United States Public Health Service, the American Social Hygiene Association and many plant physicians.

Methods of insuring that employees receive adequate treatment vary. A small percentage of plants treat V. D. themselves. The majority send infected workers to their family physicians and then check with these doctors as to whether the workers are appearing regularly. In most such cases failure to report for treatment means loss of employment, or a delayed pay-check.

A few quotations from comments made by medical directors of companies with plants scattered over the country will illustrate the attitude towards the infected employee and his receiving regular and adequate treatment.

From a rayon company: "Syphilitic workers are not allowed to work during the infectious period. Such cases must obtain sufficient treatment to be rendered non-infectious before returning to work. No employee is discharged if he is found to be syphilitic."

The physician at a large dairy: "Any employee who undergoes treatment for a positive Wassermann must report to our Medical Department every six months. The attending physician is requested to contact us any time the employee does not report for treatment."

From a defense airplane plant: "In case of positive findings the employee is required to sign an agreement with the Company to the effect that he will take treatment for his condition and continue to do so until he is pronounced cured. He also agrees to bring in a monthly statement from his doctor, regarding his treatment. The employee understands that should he disregard this agreement he is subject to dismissal from the Company."

## EXHIBITS FOR SOCIAL HYGIENE CONFERENCES

JACOB A. GOLDBERG, PH.D.  
*Secretary, Social Hygiene Committee*

and

KATHERINE Z. W. WHIPPLE  
*Secretary, Health Education Service of the  
New York Tuberculosis and Health Association*

During the past nine years the Social Hygiene Committee of the New York Tuberculosis and Health Association has assumed responsibility for organizing an annual Conference on Social Hygiene. There are several approaches to the preparation of such a Conference. The local social hygiene agency can arrange for one or more meetings or, preferably, can first of all invite various local and even state and national organizations to participate as sponsors of such a Conference. The American Social Hygiene Association long ago set the standard by inviting the participation of organizations which had some local or wider interest in social hygiene to join in the holding of community meetings.

In New York the general plan followed was detailed in a previous article in this JOURNAL.\* The plan of inviting as sponsors both public and private organizations in the health and welfare fields has been continued. The invitations have been extended to agencies having local, state and even national spheres of interest in selected fields of service. It should, however, be emphasized that the effort has been made to include as sponsoring organizations only those which could be considered as having a definite place in a social hygiene program. Various organizations have from year to year requested to be included, even though those responsible for framing the Conference and deciding on policies could not see their immediate connection with the broad aspects of the social hygiene movement. All these preliminary data are of direct applicability to the question of exhibits for, if agencies and even firms and corporations without this direct application to social hygiene interests are included as sponsors, specific exhibit problems arise.

In the article written for this JOURNAL in 1936 some comments were made on the question of exhibits. Nothing has developed during the past few years to warrant any change in the thoughts expressed,

\* *Organizing a Regional Conference on Social Hygiene*, Journal of Social Hygiene, Vol. XXII, October, 1936.

and the two paragraphs dealing with the exhibits are hereunder reproduced:—

“The setting up of interesting and attractive exhibits adds much to the general value of the Conference. Through the aegis of the various cooperating agencies it has been possible to set up such exhibits, with improvement and increasing interest from year to year. The available exhibit space should be mapped out some time prior to the Conference. Thereafter adequate space should be plotted for each of the sponsoring agencies and space allocated on the basis of needs and availability.

“It is undoubtedly advisable to deny space at such a Conference to outside groups with specialized propaganda which they wish to spread. This applies particularly to publishers of sex magazines who offer to distribute their publications free of charge, and to special propaganda agencies dealing with political questions. Demands for space and for the privilege of distributing such material are made from year to year but they have been rejected.”

There are several reasons for inviting the sponsorship of agencies with social hygiene contacts or activities. In the first place, such a measure inevitably leads to a better attendance and a wider diffusion of interest and support. In considering the fundamental reason for the holding of a social hygiene conference, it would appear that the major objective can best be served by following the indicated procedure. Secondly, the social hygiene agency, whether national or local, can hardly be expected, in the very nature of things, to have available the diversity of exhibit material which a policy of community cooperation makes possible for display at a conference on social hygiene. Year by year it has become evident that the cooperating or sponsoring agencies have taken a growing interest in making their exhibits more effective in their appeal.

In the matter of cost, it is well to remember that a local social hygiene committee attempting to prepare interesting sets of exhibit material would be put to considerable expense. With the cost-load spread and the interests diversified, several ends are served.

The best results are obtained by making plans several months in advance of the conference date. The advice of the conference steering committee and of organizations which have displayed exhibits in previous years will be found helpful in relating the exhibits to the conference theme and in securing exhibits which will meet the needs of those attending the conference. Some one person, usually a staff member of the voluntary social hygiene agency, should have executive responsibility for the carrying out of plans and for arrangements with the meeting place.

A general agreement regarding the purpose to be served by the exhibits may be expected to result from joint planning. This helps to create a unified exhibit. The organizations cooperating in the New York exhibits, for example, have agreed that the guiding principle in the preparation of their exhibits will be that the exhibits are dis-

played for the exchange of information on services, educational aids, and methods of work. Information on how to use an agency and how the agency performs its work is believed to be of greater interest to the conference visitors than figures on numbers of people helped, or pictures that do not tell a story.

In addition to having a common understanding as to the general objective of the exhibits, it is desirable each year to discuss with the committee and with each exhibitor the relation of the exhibits to the conference theme. For a number of years there has been an effort at the New York Regional Conference to stimulate the preparation of exhibits on the subjects of the conference sessions, and to group the exhibits by subjects. Exhibits related to a particular session are located near the room in which the session is held, or in a corridor leading to the room. Suggestions have been welcomed and indeed sought by the exhibitors. Some of the displays have proved to have more than passing value and have been requested for other meetings on the same subjects.

Some of the subjects under which it is useful to group exhibits are: *exhibits relating to work with young people, medicine and public health, quackery, blindness, defense, exhibits of special interest to medical social workers and nurses. The subdivisions of the social hygiene program also have been used—medical and public health, legal, educational, and social-protective.*

Sometimes materials which fall under more than one classification can be displayed in more than one place. In charge of each section there should be a professional worker who knows the general subject, not just the program of his own agency. It is desirable also to have a representative of the agency concerned at each exhibit during the most crowded periods. Exhibits of the kinds listed below will be found most effective:

1. *Exhibits Portraying Basic Programs and Services:* Sources for these are the Health Departments, state and local; hospitals, public and voluntary; clinic associations; etc.

2. *Exhibits Illustrating Specialized Resources for Those with Particular Problems:* At the 1941 New York Regional Conference, for example, Inwood House, which cares for unmarried prospective mothers who have syphilis, prepared a special display showing how its services could be called upon. This exhibit also helped to put across a point of view.

3. *Exhibits Portraying Programs Which May Serve as Examples or Give Ideas to Other Agencies in the Same Fields:* Such exhibits are most helpful when they show not only what the program is, but the steps in its development, the part the professional staff took, the part the board took, and its relationship to the total agency program. The Boys' Clubs of America, The Girls' Service League, Camp Fire Girls, Girl Scouts, Girls Friendly Society, have been among New York sources for such exhibits.

4. *Exhibits Displaying Educational Materials and Showing How and Where They May Be Obtained:* These include posters, leaflets, three-dimension exhibits, teaching outlines, leaders guides, books, motion pictures (it is best to arrange for the showing of these). Some leaflets and posters can be displayed on screens, others can be arranged in scrapbooks for study. Lists can be mimeographed for distribution. Some leaflets can be given out selectively. This display should be in a prominent place but out of traffic, so that people may sit and study the materials. Big tables, note pads, and plenty of chairs should be provided.

This section of the exhibit is one which brings the greatest returns in visitor interest. It should be in charge of a health educator, and usually will be a responsibility of the voluntary social hygiene organization because it includes materials on the entire field of social hygiene.

Sources for materials in this section and for exhibits in New York have included The New York Tuberculosis and Health Association (Social Hygiene Committee and Health Education Service), The American Social Hygiene Association, The National Health Library, Child Study Association, Women's Press (Y.W.C.A.), Association Press (Y.M.C.A.), and others.

Definite routines are important. The meeting place must be selected with the exhibits in mind.

Such questions as the following must be considered: Is a large room (or rooms) available into which all the exhibits will fit? Is this space near enough to the meeting rooms so that visitors will easily see the exhibits? The best location for exhibits is a wide room or series of rooms or corridors through which people must pass to reach the meetings. Only wide corridors can be used. Narrow corridors can become "bottle-necks," unsafe for public meetings. They discourage adequate attention to exhibits, but can be utilized for some striking materials which hang on walls and can be observed at a glance.

How can exhibits be put up? Is there a molding? Will the meeting headquarters provide tables on which exhibits can stand? Will it provide screens? Can wires be placed at strategic places—between pillars, etc.? Is there porter service or must each agency plan to take its exhibit to the allotted space? (In hotels, porter service usually is available as a part of the general arrangement or for a small individual or group fee.) Are there electric outlets?

*When Can the Exhibits Be Put Up?* The best plan is to put them up on the afternoon or evening before the day of the meeting, if it begins at 9 or 10 A.M.; or in the early morning, if it begins at noon or early afternoon. Hotels can only permit this if the space is not already rented at the time desired, and this often cannot be definitely known until almost the time of the meeting. Alternate arrangements must be made with exhibitors to put up exhibits early on the day of the meeting or to come, if it becomes possible, the preceding day.

*When Must the Exhibits Be Taken Down?* They should remain in place until the people leaving the last meeting have had a chance to see them. It sometimes is necessary in hotels to begin to take them down before the last meeting is over. Exhibitors must be informed of the arrangements in advance, so that they will take responsibility for their own displays.

*Can the Exhibits Be Stored Overnight, Preceding or Following the Meeting? How Should They be Marked?* Exhibits which come by truck have to be stored if they are to be put up early in the morning and/or taken down late. Arrangements usually are possible. The organization arranging the conference must ascertain the facts and notify each exhibitor when the materials will be accepted and exactly how they must be labelled.

It is important to know in advance the space and other needs of each exhibit. If exhibits are being obtained from many sources, the providing of mimeographed forms simplifies the receiving of clear information on such points as square feet of floor space, running wall space, tables and chairs required, electric outlets, will exhibit stand by itself or must it hang on the wall.

If all exhibits have to be put up in a short time and if hotel facilities are to be used, it is useful to prepare duplicate diagrams—one for the hotel and one for the person in charge of assigning space—showing location of each exhibit and of tables, screens, chairs, etc., so that all may be in order before the arrival of the exhibits.

Time will be saved also if the person in general charge has on hand for common use, hammers, thumbtacks, picture wire, string, scotch tape, soft rubber erasers, rubber cement and similar first aids to exhibit workers.

Alertness has to be exercised to protect the walls of the exhibit room from the careless placing of adhesive tape and thumbtacks. Damage to hotel or convention hall property may result in unnecessary difficulties and possible expense.

---

#### **Tell Us About Your Exhibit Plans**

Are you planning new or unique displays of social hygiene educational materials for your Social Hygiene Day meeting? Tell us about it and send us samples, or photographs, so that we may pass the news on. And don't forget that the A.S.H.A. Publications Service stands ready to assist and advise, or to furnish special exhibits on request, so far as we can meet demands.



# CURRENT AND FUTURE PROGRAMS OF EDUCATION REGARDING SYPHILIS AND GONORRHEA

NOTES ON A ROUNDTABLE HELD OCTOBER 13, 1941, DURING THE  
EIGHTH HEALTH EDUCATION INSTITUTE OF THE AMERICAN  
PUBLIC HEALTH ASSOCIATION IN ATLANTIC CITY

## *Secretary-Reporters:*

JEAN B. PINNEY, *American Social Hygiene Association*  
HOWARD W. ENNES, JR., *United States Public Health Service*

Nearly half of the Institute's 480 registrants attended this roundtable, which was marked by vigorous discussion. From the complicated web of debate, certain clear patterns emerged, and repeated themselves distinctly:

Public education regarding syphilis and gonorrhea must be simple in content, up-to-date in form, constructive in approach, and presented in terms understandable by all types of intelligence and literacy.

The need is, first, to educate ourselves and our fellow professional workers; second, to aim for a larger number of well-trained health educators. The latter objective is one toward which we must press rapidly if we are to meet increasing needs.

The chairman's introductory remarks are here included, together with some highlights of the discussion.

## SOME 1941 CHALLENGES TO VENEREAL DISEASE EDUCATION

R. A. VONDERLEHR, M.D.

*Assistant Surgeon General, United States Public Health Service*

Venereal disease control has emerged from its second period of adolescence to be met with stupendous, war-time obligations.

As a major instrument of control, venereal disease education today faces new challenges. To appreciate their nature, however, it is necessary to see the picture in some perspective.

Education was the scalpel that has cut away at the cancer of prudery. As such, it was not always gentle. It has sometimes been two-edged, and then has found itself not "education" but labeled as "propaganda."

In the period from the awakening—around 1936—to about 1938, the major obstacle before public health control of venereal disease was an ill-informed and prejudiced public opinion and the consequential absence of financial support. The only practical and rea-

sonable way of removing this obstacle was to face the facts as they were known, and drive ahead. And that is exactly what was attempted—imperfectly, of course, but by and large, the effort has borne fruit.

In the last two years the situation in terms of educational objectives has been radically modified. Prior to the war there was discernible a definite trend toward more strictly “educational” efforts—efforts to reach individuals with facts, to influence them to take the proper public health steps. There is developing, in short, a trend toward the utilization of health education as a practical aim of public health control of venereal disease—in terms, primarily, of case-finding, more recently of case-holding, and as yet falteringly of practical prevention.

Upon this pattern, defense superimposes its demands. There is urgent need for intensification of public relations activities in defense areas much along the lines of 1936–39 but more directly concerned with the public health aspects of prostitution. There is demand for utilization of every practical technic which will limit new infections and reduce old ones. Above all, there is the demand of time.

In this context must be seen the tasks of public health education today. We must produce immediate results. At the same time, we must build for the future. In the nature of things, the manner in which educational aspects of the current campaign are conducted will materially condition both current results and future program.

Thus, decisions made and actions taken today on educational policy and methods are of primary importance to the whole of venereal disease control. We must aim for a full and just consideration of all the facts, decisions on the highest of scientific principles—but decisions and actions also within an effective period of time, on practical and realistic grounds which take into account those whose actions we must condition if we are to succeed in controlling the venereal diseases.

I am suggesting that the task of venereal disease education—no less the task of *all* health education—is to see the public as individuals who must be informed and influenced to act for their health and the better health of the community.

#### HIGHLIGHTS OF PANEL STATEMENTS

MISS JANE STAFFORD  
*Medical Staff Writer, Science  
Service*

From the newspaper viewpoint, publicity regarding syphilis and gonorrhea appears to be ahead of the facilities for diagnosis and treatment. . . . Further educational programs will be most useful if they appeal to the emotions. Of these, the emotion of fear is probably most powerful. Could something be done along lines similar to that of the “4 out of 5” campaign against pyorrhea? . . . In educational work of this type regarding a serious infectious disease, the emphasis should come first on curability, and the educator should constantly keep in mind the two questions: Does everybody know? How many

understand? . . . Recent presentations of health problems in the magazine "Life" suggested as a good standard: Many pictures—few words . . . "2-cylinder words" of colloquial use are indispensable if real education is to be obtained. (Dr. Vonderlehr: But how pass the censor?)

P. S. PELOUZE, M.D.  
*Assistant Professor Urology,  
 University of Pennsylvania*

Question: Whom must we educate about gonorrhoea?  
 Answer: Everybody, A to Z—doctors, public health workers, public health nurses, social service workers, lay groups (A-upper, and B-lower, in intelligence); and especially the "patients who never come back." . . . We must start from scratch with the medical profession. Too many professional workers have a defeatist attitude about gonorrhoea control. . . . Examine existing conditions . . . decide what should be known. (We must either tell the real truth as it is generally throughout the country—or say nothing). . . . Then, do the job with the best personnel and materials there is! Educators—and physicians—should keep in mind the social effects of disease. . . .

HELEN E. WOODS  
*Chief Social Worker, Institute  
 for Control of Syphilis, Uni-  
 versity of Pennsylvania Hospital*

What is venereal disease education? What goes into the giving of it? It's a two-way process. No use to give unless the recipient can receive. . . . Young people in high school and college are most important because learning now, they teach later. . . . Something is needed besides horror to educate truly. The positive appeal—physical fitness—is the best bet. Participation in a cause, a united effort. With patients, appeal to health preservation is most effective. Remember, the patient is a human being. What is his interest—in friends, family, home? How can *he* help?

N. A. NELSON, M.D.  
*School of Hygiene and Public  
 Health, Johns Hopkins  
 University*

Education must have something to tell to the people, to patients, to persons who may become patients. . . . A first job is to teach professional educators. . . . Educational content is of necessity partly propaganda, but this must be balanced and suitable. Common sense is the keynote. . . . Don't be melodramatic—syphilis and gonorrhoea are sufficiently so in themselves. You don't make people happy by horror. . . . Don't talk too much about national defense. And tell the truth.

DONNA PEARCE, R.N.  
*Public Health Nursing Consul-  
 tant, United States Public  
 Health Service*

There are two things to hold to: (1) A belief in the fact that people can be taught, and (2) a faith in our democracy—that the way will open. . . . Could there be more educational media prepared especially from the public health nursing point of view? . . . Nurses need to be taught. . . . Patients in hospitals can be taught and can teach. . . . Courtesy in clinics is an important factor in patient education.

W. A. BRUMFIELD, M.D.

Director, Division of Syphilis Control, New York State Department of Health

Education of the public has two divisions: (1) Shaping of public opinion; (2) individual information for current and potential patients. . . . Professional health educators should profit by commercial advertising experience. Watch the car cards, the patent medicine ads. Match books might be an effective educational means if suitable text could be found for the covers. . . . No matter what efforts are made, there will always be in the public mind an undertone of the moral side of social hygiene, but we should strive to divorce disease from morality in working for rapid results. . . . Sex education can best be taught separately, stressing the positive value of sex in life. When mixed in with health education, we immediately become involved in the moral side of venereal diseases and the morbid side of sex. . . . Two questions for us as health educators: Has education failed? Can we get results faster by more direct and forceful methods?

LUCY MORGAN, PH.D.

Health Education Consultant, United States Public Health Service

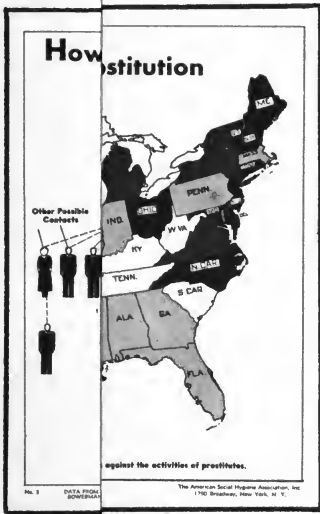
A thing to remember—people are part of a community. To educate thoroughly we must organize ourselves and our methods more efficiently and quit depending upon education by happenstance. It's too valuable a public health weapon for that. . . . Education in schools is good, but adult education is a pipeline to the people. . . . Venereal disease education is part of general health education which every person should have. It is a part of a community program and a part of the economic program.

#### From the Floor

DR. ROBERT WRIGHT (United States Public Health Service): Kodachrome slides of syphilis lesions shown *privately* by trained social service workers—one of the most effective means of getting clinic patients to bring in contacts. Pictures get across so much more than words—it's direct action. . . . Commercial advertisers have found that the cartoon ads pulled better than any other kind. Can we utilize their experience? . . . We need to reiterate the basic educational principle: "begin where they are." The pulp magazines, the colored supplement are important, as well as the *Reader's Digest*, *Time* and *Life*. . . . PROFESSOR CLAIR E. TURNER (Massachusetts Institute of Technology): The public schools can provide an underlying basis of knowledge. . . . DR. BERTHA M. SHAFER (Illinois Social Hygiene League): Educate health department and social hygiene society staff and others to the real value of education. . . . DR. R. C. CONNORS (Rhode Island State Health Department): Before the schools can educate, the school boards must be educated. . . . MR. KENNETH MILLER (Philadelphia Health Council and Tuberculosis Committee): The Philadelphia public schools give a valuable senior course in human relations.



## New Exhibit



charts showing facts the "racket" of commercialized prostitution and it may be broken up.

## In Times of National Behind The Vice "Racket"?

When large numbers of men are commercialized prostitution "racket" is promoted in camps and in the vicinity by the "third party" interests who make money out of it...

The "racket" of commercialized prostitution costs the country many MADAMS, GO-BETWEENS, PIMPS and PROCURERS who take most of the prostitutes' earnings

... millions of hours of labor and industrial defense are lost by venereal diseases inflicted by POLITICIANS who get a "cut" from "the business"

... millions of dollars, paid to dishonest POLICEMEN who accept bribes to overlook violations of law

... millions of other dollars are spent by DOCTORS who sell worthless "health certificates"

... millions of other dollars are spent by LAWYERS who get big fees for defending prostitutes and their "third party" interests

The Greater part of the money goes to the hands of CRUEL LANDLORDS who get high rents for premises used for prostitution purposes

... millions of dollars of health, happiness and life are victimized by those who TAKE THE PROFIT OUT OF COMMERCIALIZED PROSTITUTION AND IT DIES AS A "BUSINESS"

## Hygiene Association

with the aid of Industrial and Public Health Service, and other civilian groups Division of Social Protection, and other federal agencies

### Education

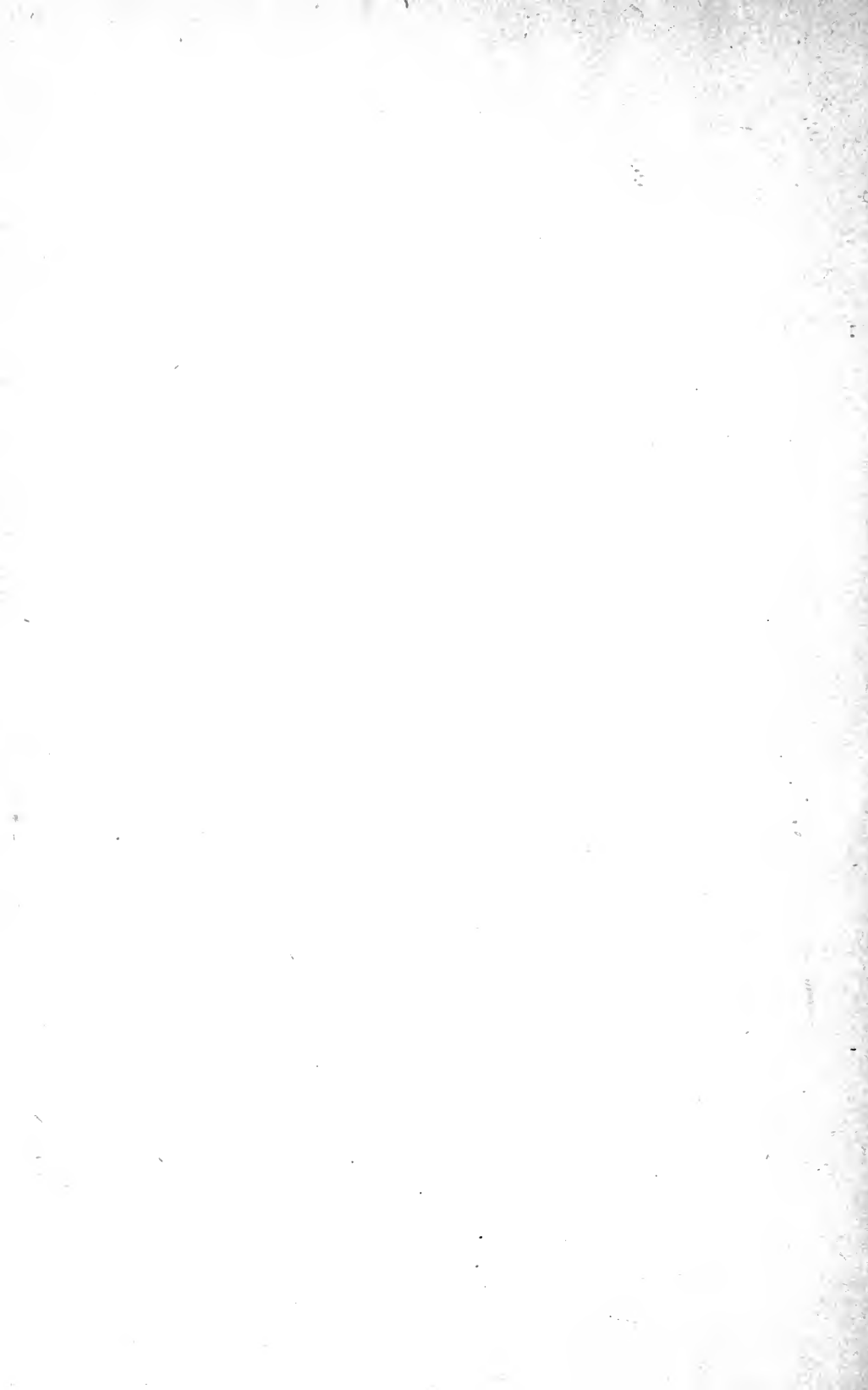
ON Campaign Against Commercialized prostitution—dangerous to national and individual health and morale

EDUCATION Conditions created—against prostitution as narcotics, gambling, etc.

PREVENTIVE MEDICAL ACTIVITIES Fight syphilis and gonorrhea every case is a life and death matter to do if infection occurs

RECREATION ACTIVITIES "Good company" necessary among young people to make a new start

RECREATION ACTIVITIES Encourage wholesome family life, interest and action



## EDUCATION THROUGH THE PHARMACY

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

The country's pharmacists and 60,000 drug stores can and will take an active part in the venereal disease educational program. It is up to local social hygiene societies, health and welfare organizations, and state and local health departments to point the way.

The pharmacy window, the display counter, and the pharmacist's word of recommendation represent one of the most powerful advertising combinations available. Manufacturers of drugs and pharmaceuticals spend thousands of dollars every year to secure the support of this combination for their products. Pharmacy is willing to contribute part of this advertising power to the interests of public health—and particularly venereal disease education—if official and voluntary health organizations will supply the materials and offer their cooperation.

Sixth National Social Hygiene Day, February 4, 1942, is a time to take advantage of this effective educational medium. It is a time to make contact with the local pharmaceutical association and the local drug store to work out plans for window displays, store posters, and the distribution in the stores of literature on venereal diseases.

The road for active cooperation has been cleared by the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association. Born two years ago, at the annual meeting of the American Social Hygiene Association in Chicago on Fourth Social Hygiene Day, this Committee has developed for all concerned a better understanding of the problems faced by each group. The cooperation so far forthcoming from pharmaceutical groups through the United States speaks well for the growth of future joint effort.

Pharmacists generally are anxious to give the best advice possible to those who come to them for information. The Joint Committee has stressed that giving competent advice to the sufferer from syphilis or gonorrhoea means:

1. Refusing to sell nostrums for treatment of these diseases
2. Warning against quack doctors who advertise quick cures
3. Emphasizing the seriousness of syphilis and gonorrhoea, but pointing out that these diseases can be cured through adequate treatment
4. Urging that a dependable physician be consulted for diagnosis and treatment

The pharmacists know that this is a minimum of cooperation in the venereal disease campaign, and are ready to do more. Social Hygiene groups usually find their state and local pharmaceutical associations and neighborhood pharmacists quick to assist in promoting Social Hygiene Day.

You can ask your state and local pharmaceutical associations to:

- join in sponsoring regional conferences and community meetings
- devote a meeting to Social Hygiene Day observance, or give it prominence at a meeting some time near February 4th
- advertise Social Hygiene Day in their January membership mailing, urging cooperation of their membership in promoting this public health event
- give Social Hygiene Day a place in their monthly bulletins and publications. Pharmacy editors will welcome articles on social hygiene
- urge their members to cooperate in providing window and counter displays and in distributing literature

You can ask local pharmacists to cooperate in some or all of the following ways:

Ask that window display space be provided for a period of three weeks to a month in advance of Social Hygiene Day. Local health departments can usually supply material for window exhibit purposes. The American Social Hygiene Association offers an assortment of exhibit placards, posters and charts.

(Ask for folder, *Social Hygiene Exhibits*, Pub. No. A-372.) Especially appropriate at this time is the poster-chart exhibit, *Social Hygiene and National Defense*, showing how syphilis and gonorrhea threaten our armed forces, industrial workers and young people. (The 17-by-22-inch size is \$1.00 per set, unmounted. Letter-size, entirely suitable for window display, is 10 cents a set, 80 cents per dozen sets.)

Ask pharmacists to display placards on their counters calling attention to Social Hygiene Day. (You can have cards made up which will give the date and place of local Social Hygiene Day meetings.)

Ask them to place literature on venereal diseases on their counters for free distribution to customers. (Give them a month's supply of leaflets.)

Ask them to attend your Social Hygiene Day meeting.

Your celebration of Sixth National Social Hygiene Day should bring in as many groups as possible, if it is to be truly community-wide. Don't forget your pharmacists!



## EDITORIAL

KEEP AMERICA STRONG!

Wednesday, February 4, 1942, is the date set for the observance of Sixth National Social Hygiene Day. This is the day on which we Americans take inventory, so to speak, of advances on the whole broad social hygiene front. How far have we progressed toward our goal of freeing America from the terrible burdens of syphilis and gonorrhoea? Are we dealing effectively with the menace of commercialized prostitution? What are we doing in the field of social protection? And what of our activities in the sphere of sex character education, which builds the foundation for happy and successful adult living? This will be a day of meetings held across the country to appraise our assets and to plan for the wiping out of our liabilities in this important field.

The United States Public Health Service and the Federal Security Agency's Division of Social Protection will join the American Social Hygiene Association as chief national sponsors of this nation-wide stock-taking. Cooperating are representatives of the United States Army and Navy, other Federal departments, their state and local representatives, and numerous voluntary organizations—national, state and community.

We all agree that the success of a democracy depends on the extent to which its people understand its basic problems and support wise action directed at their solution. Certainly the guarding of the public health is one of those problems. In spite of great gains in this field, recent examinations of selectees made under the Selective Service Act have indicated that there is still much to be done for the health of the American people. Syphilis and gonorrhoea, two of our most serious preventable, treatable, curable diseases, stood high in the list of reasons for deferred classifications of these young men. That can mean only one thing: that Americans do not yet fully understand the problem and the steps to be taken for its solution.

The present war emergency makes heavy demands on social hygiene agencies, but it also gives us an opportunity to serve the country and its citizens in a way that we all welcome. The need for wise action in the field of social hygiene is very much in the public mind. Americans will not question the need for such action—they will simply want to know what to do and why. Social Hygiene Day gives us an opportunity to put this vital program of ours before the highest authority in a democracy—the people.

Social hygiene agencies, Association members, and all others who have the health and welfare of our country at heart are urged to join heartily in the regional conferences, community and group meetings and other events arranged by the various Committees on Social Hygiene Day, and to invite their friends to participate. Ask the Association's Social Hygiene Day Service for our free materials to help promote meetings and other types of program. Read carefully *Twelve Ways to Celebrate Sixth National Social Hygiene Day*. Watch the JOURNAL and SOCIAL HYGIENE NEWS and your local newspapers for details of Social Hygiene Day events in your vicinity. Help to make this coming event count for a mighty thrust forward in public understanding of social hygiene problems and action to solve them.

### HELP BUILD BETTER HEALTH—NOW!



The JOURNAL records with deep regret the passing of two greatly valued friends and workers in the field of social hygiene:

Mrs. Martha Platt Falconer, died on November 26th, at East Aurora, New York, aged 79.

“Her many friends will miss her wise counsel and advice given so generously all her life. They are grateful for her understanding vision of a better world for underprivileged women and girls throughout the country.”

Dr. J. N. Baker, State Health Officer of Alabama, passed away suddenly on November 9th.

“Few indeed of her sons and daughters have placed Alabamians so heavily in their debt, or extended her fame so widely throughout the country and the world.”

## REGIONAL CONFERENCES FOR SOCIAL HYGIENE DAY

Preparations for a series of Regional Conferences to head up observance of Sixth National Social Hygiene Day, are going ahead rapidly.

In these meetings and other Social Hygiene Day celebrations, the United States Public Health Service and the Division of Social Protection of the Federal Security Agency will serve as national sponsors jointly with the American Social Hygiene Association.

Cooperation is being invited of the Medical Corps of the several Corps Areas, United States Army, and of the respective Naval Districts of the United States Navy.

In **Boston**, the Massachusetts Society for Social Hygiene and the **Massachusetts Committee on Social Hygiene Day**, with Governor Leverett Saltonstall as Honorary Chairman, Mr. Ralph Bradley as Chairman, and Mrs. S. W. Miller of the Massachusetts Society as Secretary, will act as chief regional sponsors for an all day New England Conference on the theme, **Social Protection in War Time, and After**. A morning session will deal with **Today's Emergency Problems** and the afternoon program will be built around the topic **Building for the Future**.

The general session of the 29th Annual Meeting of the American Social Hygiene Association will be held as the luncheon meeting of this Conference and the presentation of the William Freeman Snow Award for Distinguished Service to Humanity will take place also at this time.

The date is set for **Tuesday, February 3**, and the meeting place will be the **Hotel Copley Plaza**.

In **New York**, Doctor J. A. Goldberg, Secretary of the Social Hygiene Committee of the New York Tuberculosis and Health Association, working with a **Committee on Social Hygiene Day** of which Doctor William Freeman Snow is Chairman, announces that the Tenth Annual Regional Conference will be held on **February 4** at the **Hotel Astor**, with a variety of simultaneous sessions in the morning and afternoon and a general luncheon session.

The American Social Hygiene Association will hold the business session of its Annual Meeting for members and invited guests in connection with the New York Conference.

In **Cincinnati**, the Cincinnati Social Hygiene Society and the **Cincinnati Committee on Social Hygiene Day**, with Charles P. Taft, Assistant Director of the national Defense Health and Welfare Services, as Chairman, and Roy E. Dickerson, Executive Secretary of the Cincinnati Society, as Secretary, will sponsor an all-day conference on **February 4**. The place is the **Hotel Gibson**.

This meeting will emphasize industrial problems and programs, reporting especially on Cincinnati's fine progress in this aspect of social hygiene work.

In **Oklahoma City**, the Oklahoma State Department of Health and the Oklahoma County Tuberculosis and Health Association will head up state and local sponsorship of an all-day conference on **February 6** at the **Hotel Biltmore**. Mr. L. M. Jones, Chairman of the Health Committee of the Oklahoma City Chamber of Commerce, is serving as Chairman of the **Oklahoma City Committee on Social Hygiene Day**. The Oklahoma City Chamber of Commerce will be host to the conference at its weekly forum luncheon in the Chamber of Commerce Building.

**Portland, Oregon**, will be the scene of an all-day Regional Conference on **February 12**. Mrs. George Moorhead, Executive Secretary of the Marion County Public Health Association, will act as Chairman of the **Committee on Social Hygiene Day** which will sponsor the Conference. Dr. Adolph Weinzirl, Professor of Public Health and Preventive Medicine, at the University of Oregon, will serve as Secretary of the Committee.

In **Jacksonville, Florida**, the Florida State Department of Health and the Florida State-wide Public Health Committee will sponsor a Regional Conference **February 4th** at the **George Washington Hotel**. Dean Walter J. Matherly, President of the State-wide Public Health Committee is Chairman of the Conference.

Already advance reports have come of important community meetings scheduled for Chicago, Philadelphia, San Francisco, Toledo, upstate New York and many other points, under the auspices of committees on Social Hygiene Day and state and local groups. Other details of these events will appear in the January Journal and in the Social Hygiene News. Please send news of your program early so that it may be mentioned.

PROGRAM SUGGESTIONS  
SIXTH NATIONAL SOCIAL HYGIENE DAY

WEDNESDAY, FEBRUARY 4, 1942

**General Theme**

**KEEP AMERICA STRONG—HELP BUILD BETTER HEALTH NOW!**

**Typical Program for An All-Day Conference**

**Morning Session—9:30 a.m.**

**Subject:**

*The Task of Social Hygiene in the National Emergency*

**Presiding:**

State or City Health Officer

**Speakers to be chosen from:**

1. State or City Social Hygiene Society
2. State or County Medical Society
3. State or City Tuberculosis and Health Association
4. State or other university or college
5. State or Local Defense Council
6. United States Public Health Service
7. United States Army
8. United States Navy
9. Division of Social Protection of Federal Security Agency
10. Office of Civilian Defense

Discussion leaders may also be chosen from the above list.

**Luncheon Session—12:30 p.m.**

**Subject:**

*What Syphilis and Gonorrhoea Mean to Industry*

**Presiding:**

A prominent business man

**Speaker:**

An industrial physician with experience in venereal disease control activities

or

**Subject:***Education for Marriage and Parenthood***Presiding:**

A well-known club woman

**Speaker:**

An educator with special interests in the field of social hygiene

**Afternoon Session—3:00 p.m.****Subject:***The Citizen's Responsibility for the Repression of Prostitution***Presiding:**

A local pastor or educator

**Speakers:**

1. Representative of social hygiene society
2. Representative of law enforcement agency
3. Representative of recreational agency
4. Representatives of men's and women's organizations

**Discussion leaders** to be chosen from the above list**Typical Program for a Community Meeting****Time:** Luncheon, dinner or evening session**Subject:***Chosen from those suggested for individual sessions of all-day conference above, to suit local situation and needs***Presiding:**

A prominent pastor, educator, civic leader, business man, or physician

**Speakers and discussion leaders:**

See suggestions given above under all-day conference program

**Resolution:**

Summary of conclusions and adoption of resolution embodying attitude of group toward social hygiene program, for forwarding to interested organizations.

**Typical Program for a Group Meeting****Date:** Clubs and other organizations sponsoring group meetings for their own membership may find it convenient to schedule their Social Hygiene Day meeting on the regular meeting date nearest to February 4th.

**Time:** Luncheon, dinner, afternoon or evening meeting

**Announcement:**

A statement by the presiding officer that the meeting marks the observance of the Sixth National Social Hygiene Day with a brief resumé of the purposes of the Day taken from the folder, "Keep America Strong."

**Talks:**

Brief talks on national problem or local conditions by club member, health officer, or physician. Talks included in Social Hygiene Day kit of program and publicity aids may be utilized in building meeting program.

**Action:**

Resolution by group endorsing national social hygiene program and pledging support for local and state efforts.

**Typical Program for a Meeting of Leaders of Youth Groups**

**Time:** Late afternoon

**Subject:**

*Youth Problems in the Present Emergency*

**Presiding:**

Leader in Community Work with and for Young People

**Speakers and discussion leaders:**

Representatives of National Youth Administration  
 Representatives of Y.M.C.A., Y.W.C.A., Y.M.H.A., Y.W.H.A.,  
 and of Catholic Young People's organizations  
 Representatives of young people's church groups  
 Representatives of student groups  
 Representatives of Negro youth groups  
 Representatives of Junior Chamber of Commerce  
 Representatives of State and Local Social Hygiene Societies  
 Representatives of State and Local Health Departments

**Action:**

Representatives take report back to own organizations with request that the social hygiene program suggestions be followed.

\* \* \* \* \*

Additional program suggestions are given under the heading *Twelve Ways to Celebrate Sixth National Social Hygiene Day*. Please note particularly that excellent educational films are available for showing at meetings.

## THE 1941 CONFERENCE OF SOCIAL HYGIENE EXECUTIVES

ELEANOR SHENEHON

*Assistant Director, in Charge of Community Service, American  
Social Hygiene Association*

Executives of state and local social hygiene societies met in New York City on Saturday and Sunday, October 11th and 12th, for another of the annual conferences that are becoming a feature of the autumn calendar. Social hygiene problems growing out of the national defense program and affecting soldiers, sailors, and defense industry workers were again well to the fore in the discussions.

Doctor Bertha Shafer presided at the Saturday morning session at the Henry Hudson Hotel. Developments in the national program were presented by Doctor Snow, Doctor Clarke, and Mr. Johnson, following which Mr. Eliot Ness, Director of the Division of Social Protection of the Federal Security Agency, spoke informally on the plans and program of his organization. Discussion of mutual problems then became general.

The Saturday luncheon at the Henry Hudson Hotel had as its presiding officer Mr. Charles Kurtzhalz. Doctor Raymond Vonderlehr, Assistant Surgeon General, United States Public Health Service, spoke on accomplishments to date in the federal venereal disease control program. Captain C. S. Stephenson, In Charge, Division of Preventive Medicine, U. S. Navy, presented a report on his recent trip by bomber to Great Britain, where he studied health and welfare under war-time conditions.

Following the luncheon session the group gathered again in the Chinese Room of the Hotel Henry Hudson for the so-called "problem clinic," presided over by Mr. Raymond Greenman. The discussion started with a presentation by Doctor Jacob A. Goldberg of the general problem of the interrelationship of public health agencies throughout the country. Next in order of consideration were: the challenge provided by the continuing high incidence of syphilis among Negroes and other underprivileged groups; the high venereal disease rate among prisoners in federal, state and local penal institutions; and the provision of more adequate appropriations for public health education by official agencies, all submitted by Mr. Ray Everett of Washington. Doctor W. W. McFarland then presented typical problems as met with in the Pittsburgh syphilis control program, including that of keeping old cases of syphilis under treatment to prevent their becoming a community responsibility (in contrast to the current emphasis on early infectious cases); the need for more understanding education and guidance of patients through individual conferences with trained workers, to prevent lapses of treatment; the more



adequate training of nurses and social workers in the vital techniques of case-finding and case-holding; and work with physicians to obtain their sympathy and interest for the whole broad program of patient education and contact-tracing that means so much to the ultimate success of the control program. Mr. Richard Anthony then outlined the social hygiene problems connected with the "dine and dance joints" as they are found in Boston (and of course elsewhere). Girls and young women employed during the day are attracted to these taverns in the evening by the opportunity of meeting young soldiers, sailors and other unattached men, with resulting promiscuous sex contacts that serve to spread syphilis and gonorrhoea. Since these contacts do not take place on the premises these taverns cannot be considered houses of prostitution, nor are the girls who frequent them prostitutes. They are clearly not police cases but problems for social protective agencies to deal with, both for their own sakes and for the sake of the public health and welfare.

An account of the Saturday evening, October 11th, dinner at the Waldorf-Astoria, to mark the thirtieth anniversary of the discovery of salvarsan, with Mrs. Paul Ehrlich as guest of honor, appeared in the November issue of the JOURNAL OF SOCIAL HYGIENE. On Sunday morning, October 12th, many of the executives attending the conference went down to Atlantic City to attend the final session, which was devoted to the venereal disease control problems and opportunities of industry, particularly the defense industries. A report on this well-attended meeting, held at the Hotel Traymore, also appeared in the last preceding number of the JOURNAL.

The following executives were in attendance at the conference sessions:

Illinois	DR. BERTHA SHAFER, <i>Executive Director</i> , Illinois Social Hygiene League, Chicago
Kentucky	MISS MARGARET FLYNN, <i>Secretary</i> , Kentucky Social Hygiene Association, Louisville
Massachusetts	MR. RICHARD H. ANTHONY, <i>Field Representative</i> , Massachusetts Society for Social Hygiene, Boston
	MR. W. O. JOHNSON, <i>Director</i> , Social Hygiene Committee, Hampden County Tuberculosis and Public Health Association, Springfield
	MRS. S. W. MILLER, <i>Executive Secretary</i> , Massachusetts Society for Social Hygiene, Boston
Missouri	DR. HARRIET S. COBY, <i>Executive Director</i> , Missouri Social Hygiene Association, St. Louis
New York	MR. PAUL BENJAMIN, <i>Executive Secretary</i> , Council of Social Agencies, Buffalo
	DR. CHARLES M. CARPENTER, Tuberculosis and Health Association of Rochester and Monroe County, Rochester
	DR. JACOB A. GOLDBERG, <i>Secretary</i> , Social Hygiene Committee, New York Tuberculosis and Health Association, New York City
	DR. GEORGE A. GROUP, <i>Director</i> , Social Hygiene Bureau, City Health Department, Syracuse
	MR. RAYMOND GREENMAN, <i>Secretary</i> , Tuberculosis and Health Association of Rochester and Monroe County, Rochester

- DR. CARL O. LATHROP, *Executive Secretary*, Tuberculosis and Health Association of Niagara County, Lockport  
 MISS KATHERINE M. MURPHY, *Secretary*, Ulster County Committee on Tuberculosis and Public Health, Kingston  
 MR. GEORGE J. NELBACH, *Executive Secretary*, State Committee on Tuberculosis and Public Health, State Charities Aid Association, New York City  
 DR. JANET FOWLER NELSON, *Program Supervisor*, Social Hygiene and Family Relations, USO-YWCA  
 MR. ROBERT W. OSBORN, *Assistant Executive Secretary*, State Committee on Tuberculosis and Public Health, New York City  
 MRS. MARIE ANDERSON, MISS MARIE DOHM, MISS MARIE GOULETT, MISS MARY LOU HEATON, State Committee on Tuberculosis and Public Health, New York City  
 DR. VALERIA H. PARKER, *Director*, Bureau of Marriage Counsel and Education for Social and Family Relations, New York City  
 MR. IRVING SHAPIRO, Onondaga Health Association, Syracuse  
 MISS MIRIAM SHERWOOD, *Health Education Worker*, Queensboro Tuberculosis and Health Association, Jamaica  
 MR. ARTHUR W. TOWNE, *Secretary*, Onondaga Health Association, Syracuse

## Ohio

- MRS. ELVA HORNER EVANS, *Health Education Instructor*, Family Health Association, Cleveland  
 DR. WILLIAM S. KELLER, Cincinnati Social Hygiene Society, Cincinnati

## Pennsylvania

- MR. CHARLES KURTZHALZ, *Director*, Philadelphia Health Council and Tuberculosis Committee, Philadelphia  
 MISS NELLIE G. LOFTUS, R.N., *Executive Secretary*, Luzerne County Social Hygiene Society, Wilkes-Barre  
 DR. W. W. MCFARLAND, *General Director*, General Health Council, Pittsburgh

The entire staff of the national headquarters office of the American Social Hygiene Association attended the conference sessions, as did MRS. LUCE of the Washington Office of the Association.

---

#### To Social Hygiene Societies and Committees

Have you had a recent election of officers, or Board members, which changes your—and our—mailing list in any way? Please send us promptly information on this and other important features of your activities, so that we may at all times serve you as efficiently as possible.

We are particularly interested to hear of any new projects being developed, or of publications, reports, or materials on which your group is working. Please send us samples and information as to costs, methods of distribution or other details which will help us in making your work known to other groups.

## Publications, Films and Exhibits

### FOR THE ATTACK ON COMMERCIALIZED PROSTITUTION

*Unless otherwise stated, pamphlets are 10 cents each; in quantities, unless otherwise stated, all pamphlets are 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. (Single copies free to members of the American Social Hygiene Association upon request—except as otherwise indicated.)*

#### The Problem and Efforts to Solve It

##### Books

- A New Conscience and An Ancient Evil.** Jane Addams. Macmillan, 219 p. \$1.50.  
**Prostitution in Europe.** Abraham Flexner. Useful to students of the problem in the United States. New York, Century, 1914. 455 p. \$2.00. (Order from American Social Hygiene Association.)  
**Prostitution in the Modern World.** Gladys Hall. Emerson, 1936. 200 p. \$2.00.

##### Pamphlets

- A-391 **The Attack on Commercialized Prostitution.** W. F. Snow. *Free.*  
A progress report on cooperation.  
A-396 **Milestones in the March Against Prostitution in the United States.**  
A history of progress since 1886. *Free.* \$2.50 per 100.  
A-388 **The Prostitution Racket Today.** Paul Kinsie.  
A-395 **We Need Not Tolerate Prostitution.** Facts and fallacies. Bascom Johnson.  
A-242 **Prostitution and Quackery in Relation to Syphilis Control.** B. Johnson.  
A-313 **Commercialized Prostitution and Disease Transmission.** Walter Clarke.  
*Free.* \$1.00 per 100.

#### Regarding the Armed Forces

- A-369 **An Address.** Mayor F. H. LaGuardia. *Free.* \$5.00 per 100.  
A-298 **Syphilis, Gonorrhea and the National Defense Program.** Walter Clarke.  
A-363 **The Vice Problem and Defense.** Reprint from *Survey Graphic.* Bascom Johnson. 5 cents. \$2.50 per 100.  
A-310 **Preventing Venereal Diseases in Military Concentrations.** C. A. Harper.  
A-351 **How the Army Protects Soldiers from Syphilis and Gonorrhea.** A. P. Hitchens.  
A-352 **The Sexual Aspects of Military Personnel.** (Navy) J. T. Boone.  
A-301 **New Jersey Takes Steps to Insure the Welfare of Army Recruits.**  
A-302 **Jim and Bill Go On Leave.** Is this your town? \$1.00 per 100, \$5.00 per 1,000.  
A-305 **So Long Boys—Take Care of Yourselves.** For distribution by reliable agencies to young men joining the armed forces. \$2.00 per 1,000.

#### Laws and Law Enforcement

##### Books

- Digest of Laws and Regulations relating to the Prevention and Control of Syphilis and Gonorrhea in the 48 States and District of Columbia.** Compiled under the direction of Bascom Johnson, with foreword by Surgeon General Thomas Parran. Revised to 1941. Loose-leaf. 500 p. \$5.00 postpaid.  
*in preparation*  
**Digest of Laws dealing with Prostitution and Other Sex Offenses, with Notes on the Control of the Sale of Alcoholic Beverages as it Relates to Prostitution Activities.** Compiled under the direction of Bascom Johnson by George Gould and Roy E. Dickerson, with foreword by Charles P. Taft. A companion volume to the Digest of Venereal Disease Laws. Arranged by states, in loose-leaf form, with maps and summary charts. About 300 p. Price \$5.00 postpaid.

##### Pamphlets

- A-383 **Laws Against Prostitution and Their Use.** Summary of state laws, with chart and map. George Gould.  
A-389 **The May Bill Becomes Law.** The most recent federal legislation against prostitution. *Free.* \$1.00 per 100.  
A-326 **Vice Repressive Laws.** Short discussion, and text of a typical, model law. *Free.* \$1.00 per 100.

**Community Measures**

- A-303 **The Case Against Prostitution.** Popular folder showing how a community may rid itself of the prostitution evil. \$2.50 per 100, \$15.00 per 1,000.
- A-304 **Why Let It Burn?** Explaining why a segregated "red-light" district does not help control prostitution. \$5.00 per 100, \$25.00 per 1,000.
- A-316 **American Communities Face a New Challenge.** Thomas A. Storey. *Free.*
- A-319 **A Church Program for Defense Areas.** L. Foster Wood. *Free.*
- A-281 **Community Safeguards for Youth.** E. Marguerite Gane.
- A-324 **A Memorandum to Y.W.C.A. Workers.** Janet Fowler Nelson. *Free.*
- A-177 **Social Hygiene and the Child.** V. H. Parker.
- A-31 **Outline for a Talk on Social Hygiene Legal and Protective Measures.** 5 cents. \$2.50 per 100.
- A-398 **Program of the Federal Security Agency's Division of Social Protection.** *Free.* \$2.50 per 100.
- A-390 **Prostitution Abatement in a Venereal Disease Control Program.** One city's experience. G. F. McGinnes and Henry Packer.
- A-342 **Syphilis, Gonorrhea and National Defense Industries.** Walter Clarke.
- A-341 **Vital to National Defense.** A leaflet for defense industrial workers. *Free in reasonable quantities.* \$2.00 per 1,000.



**A Poster**

**Good Times in Good Company Help Build National Defense.** Community responsibility for the health and welfare of the armed forces. Wall size, single copies free. *Postage 6 cents.* Letter size, 8½ x 11, 10 cents a dozen, \$2.50 per 100.



**A New Exhibit**

**The Attack on Commercialized Prostitution.** Ten charts showing facts about the "racket" of commercialized prostitution and how it may be broken up. Wall size, 17 x 22 inches, \$1.00 per set; mounted and colored, \$3.00 per set. Letter size, 8½ x 11 inches, 10 cents per set; 80 cents per dozen sets, \$5.00 per 100. Publication No. A-397.

**The Case Against Prostitution**

**Commercialized Prostitution**

- 1 **Stifles the labor and family.**  
Shows how and why the laborer and his family are kept in poverty, and how the family is broken up.
- 2 **Infests public health.**  
Shows the present conditions for spread of the venereal diseases, syphilis, gonorrhea and gonitis.
- 3 **Exploits poorer people.**  
Shows how the poor are exploited and how they are kept in poverty.
- 4 **Endangers youth.**  
Shows how and why youth is endangered by commercialized prostitution.
- 5 **Endangers our national defense.**  
Shows how and why our national defense is endangered by commercialized prostitution.

Exhibition material (charts, pamphlets, etc.) may be loaned to you by the National Board of Social Hygiene, 1200 Broadway, New York, N. Y.

**Films**

**In Defense of the Nation**



One-reel talking picture presenting some of the problems which accompany national mobilization and threaten American health and welfare; and telling what organized effort can do to avert these dangers. Narration by National Broadcasting Company commentator, Ben Grauer. Ask for free, illustrated folder, Pub. No. A-334.

**Plain Facts About Syphilis and Gonorrhea**

For any general audience, but designed especially for industrial workers. *These films are suitable for showing before mixed audiences of both lay and professional people, young and old. Running time is ten to twelve minutes. Price: 35 mm. \$75. 16 mm. \$50. Rental per day \$5. Transportation is extra in all cases.*

*For complete list of A.S.H.A. slides and films, ask for Pub. No. A-368. 25 per cent discount on orders received before February 4, 1942.*

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### Books

- ARMS FOR LIVING. Gene Tunney. New York, Funk, 1941. 279 p. \$2.00.  
CHART FOR HAPPINESS. Hornell Hart. New York, Macmillan, 1941. 198 p. \$2.00.  
EYE HAZARDS IN INDUSTRY. Louis Resnick. New York, Columbia University Press. 321 p. \$3.50.  
GET MORE OUT OF LIFE. Catherine Groves. New York, Association Press, 1941. 136 p. \$1.25.  
HELPING CHILDREN LEARN. Ethel Bushnell Waring and Marguerite Wilker Johnson. Ithaca, Cornell University Press, 1941. 460 p. \$2.50.  
PLAIN WORDS ABOUT VENEREAL DISEASE. Thomas Parran and R. A. Vonderlehr. New York, Reynal and Hitchcock, 1941. 226 p. \$2.00.  
TECHNIQUES OF CONCEPTION CONTROL. Dickinson and Morris. Baltimore, Williams and Wilkins Co., 1941. 56 p. 50¢.

### Pamphlets

- POSTERS AND OTHER GRAPHIC MATERIALS FOR USE IN MATERNAL AND CHILD HEALTH TEACHING. National Maternal and Child Health Council, 1710 Eye Street, N.W., Washington, D. C. 10 p. 10¢.  
SCHOOL AND COLLEGE CIVILIAN MORALE SERVICE: HOW TO PARTICIPATE. U. S. Office of Education, Washington, D. C.  
WOMEN'S COURT PROGRAM. *Prostitution in Chicago Series*. Committee of Fifteen, 203 N. Wabash Ave., Chicago, Ill.

### In the Periodicals

- JOURNAL-LANCET. Minneapolis, Minn. September, 1941. *History and development of student health programs in colleges and universities*. By J. E. Raycroft, M.D. p. 375.  
JOURNAL OF THE IOWA STATE MEDICAL SOCIETY. Des Moines, May, 1941. *Iowa's premarital law*. p. 211.  
LANCET. London, August 2, 1941. *Present position of venereal disease. Trend of incidence of venereal diseases in England and Wales*. By Col. L. W. Harrison. p. 136.  
MARRIAGE AND FAMILY LIVING. National Conference on Family Relations, Menasha, Wisconsin, August, 1941. *The changing cultural ideals of the family*. By Florian Znaniecki. p. 58.  
——— National Conference on Family Relations, Menasha, Wisconsin, August, 1941. *The first credit course in preparation for family living*. Ernest R. Groves. p. 67.  
——— National Conference on Family Relations, Menasha, Wisconsin, August, 1941. *Problems of special youth groups*. p. 53.  
——— National Conference on Family Relations, Menasha, Wisconsin, August, 1941. *Problems of youth in the national emergency*. By Evelyn Millis Duvall et al. p. 49.  
——— National Conference on Family Relations, Menasha, Wisconsin, August, 1941. *Social case work and problems of family life*. By John A. Reimers. p. 63.  
MARYLAND STATE DEPARTMENT OF HEALTH MONTHLY BULLETIN. Baltimore, May, 1941. *Serological evidence of syphilis in draftees*. p. 17.  
MICHIGAN PUBLIC HEALTH. State Dept. of Health, Lansing, July, 1941. *Draft registrants needing treatment for syphilis are to be cared for*. Program in Michigan. p. 136.  
MEDICAL OFFICER. London, June 28, 1941. *The British social hygiene council. Sketch of its history and purpose*. p. 205.  
MEDICAL TIMES. East Stroudsburg, Pa. September, 1941. *Premarital and prenatal examination laws*. p. 416.

## ANNOUNCEMENTS

**October JOURNAL.**—Sorry! We are out of stock on this Number V of the series on Social Hygiene and National Defense on *The Attack on Commercialized Prostitution*. (. . . Spare copies will be gratefully received from JOURNAL readers and postage refunded. . . .) We have, however, reprints of most of the articles. They may be had for 25 cents a set postpaid, or singly as follows: *Editorial* by Dr. William F. Snow, Pub. No. A-391, free . . . *An Address* by Mayor F. H. LaGuardia, Pub. No. A-369, free . . . *The Prostitution Racket Today* by Paul M. Kinsie, Pub. No. A-388, 10 cents . . . *Laws Against Prostitution and Their Use* by George Gould, Pub. No. A-383, 10 cents . . . *The May Bill Becomes Law*, Pub. No. A-389, free . . . and *Prostitution Abatement in a Venereal Disease Control Program* by G. F. McGinnes and Henry Packer, Pub. No. A-390, 10 cents.

**Last Month.**—Demands for this issue on *The Schools and Education for Family Life* have also been heavy, but we still have copies of the entire issue . . . 35 cents postpaid. The four articles, reprinted, may be had separately at 10 cents apiece: *Sex Education: Where Should It Be Taught?* by Dr. W. W. McFarland, Pub. No. A-403 . . . *A Challenge to English Teachers* by Alice M. Steen, Pub. No. A-402 . . . *Sex Character Education in Twenty-one Private Schools in New York City* by J. A. Goldberg, Pub. No. A-377 . . . and *An Approach to Sex Education in Schools*, Pub. No. A-365, which is *Bulletin Number One* in a series on *Education for Family Life* prepared by the Education Committee of the New Jersey Social Hygiene Association. *Bulletin Number Two* in this series, *Education for Human Relations and Family Life on the Secondary School Level*, Pub. No. A-392, 36 pages, 25 cents, printed separately from the JOURNAL, is proving useful and popular. It contains an outline for a suggested program, and tables for correlation with school subjects, a list of references, and suggestions for a briefer program.

**New Publications.**—Soon to be off the press are these preprints from the 1942 JOURNAL OF SOCIAL HYGIENE: *The Syphilis Control Program from the Viewpoint of the Medical-Social Worker* by Mildred Hearsey of the Children's Bureau, Pub. No. A-394, 10 cents . . . *Family Relations—Sex in Character Education*, an outline for six discussions with parent groups, by Louise Campbell of Cornell's Family Life Department, Pub. No. A-405, 10 cents . . . and *Social Hygiene and Youth in Defense Communities*, a report of a cooperative project of the A.S.H.A. and the U. S. Public Health Service by Maurice A. Bigelow, Pub. No. A-410, 10 cents. . . . Also just out are two items on premarital and prenatal examination laws for syphilis: a revision of *More New Laws to Guard Family Health*, Pub. No. A-401, single copies free (\$1.00 per 100); and *Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Diseases*, giving the history and requirements of the various laws with maps and charts, Pub. No. A-379, 25 cents, \$2.25 a dozen.

**This Month.**—This *Social Hygiene Day Number*, sounding the annual call to arms for social hygiene forces, stresses among other topics the industrial problems which will be the theme of many Social Hygiene Day meetings. . . . Single copies of the following reprints are free on request: *Division of Social Protection Announces Program*, Pub. No. A-398 . . . *Program Suggestions*, Pub. No. A-409 . . . *Twelve Ways to Celebrate Sixth National Social Hygiene Day*, Pub. No. A-407 . . . *Education through the Pharmacy*, Pub. No. A-408 . . . *Milestones in the March Against Commercialized Prostitution*, Pub. No. A-396. Some of the other articles will also be reprinted. . . . The new exhibit (see insert), *The Attack on Commercialized Prostitution*, is available at the usual price for A.S.H.A. exhibits—10 cents for the small, letter-size charts, 80 cents a dozen, \$5.00 a hundred; \$1.00 for the large unmounted 17 x 22 set, or \$3.00 mounted and colored. . . . This entire number, while the supply lasts, 15 cents each, 2 for 25 cents, postpaid.

### Ready Soon!

A new one-reel talking film telling the story of  
GONORRHEA

as WITH THESE WEAPONS tells the story of syphilis. Suitable for high school age and up, mixed audiences. Price: 16 mm., \$50.00; 35 mm., \$75.00.

Your order NOW will speed production!

# THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1914, is the national voluntary agency for social hygiene.

For the present, the Association undertakes to promote an

## "8-point program on the 48 state fronts"

### With emphasis on National Defense

1. Tell the great masses of the people the truth about syphilis and gonorrhoea—how these dangerous diseases impair national efficiency, how they may be avoided, how cured. Youth, the chief victim, whether in the armed forces or in civil life, needs more help, swiftly and directly.
2. Rally more citizens to fight syphilis and gonorrhoea through community action. Strong voluntary organizations are needed in more than a thousand cities and towns, especially those near points of concentration of armed forces.
3. Encourage good laws to protect Army and Navy personnel, the community and the family from the spread of syphilis and gonorrhoea. Although some states have outlawed syphilis in marriage and have provided serological testing of pregnant women to prevent congenital syphilis, still many states have no such protective measures.
4. Minimize the opportunities for exposure to venereal disease by aiding the enforcement of existing laws against the prostitution racket; prevent the exploitation of the infected by quacks and charlatans.
5. Aid employers and employes, especially in defense industries, to strike at syphilis and gonorrhoea—roots of inefficiency and economic loss.
6. Advise sufferers from syphilis and gonorrhoea in need of sympathetic and sound counsel. Help provide social and medical guidance for infected or pregnant girl victims of the national emergency.
7. Help parents, teachers and church leaders to provide sex education for children and youth and to offer practical preparation for marriage and parenthood.
8. Continue observations and informational service regarding official activities against syphilis and gonorrhoea, weighing programs and costs with results achieved.

*The Association needs money to continue and enlarge these services. As a voluntary organization, its work is supported by gifts and membership dues. Most contributions range from \$5 to \$100. Annual dues are \$2.00. Please send your check to*

# THE AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway, New York, N. Y.

## OFFICERS AND DIRECTORS

*Honorary President:* EDWARD L. KEYES, M.D.

*President:* RAY LYMAN WILBUR, M.D.\*

### *Vice-Presidents*

SEWELL L. AVERY

MRS. HENRY D. DAKIN

RUSSEL V. LEE, M.D.

JOHN H. STOKES, M.D.

*Secretary:* MAURICE A. BIGELOW \*

*Treasurer:* TIMOTHY N. PFEIFFER

*Chairman of the Executive Committee:* WILLIAM F. SNOW, M.D.

*Executive Director:* WALTER CLARKE, M.D.

*Chairman of the General Advisory Committee:* THOMAS PARRAN, M.D.

## BOARD OF DIRECTORS

CHARLES H. BABCOCK

GEORGE BAEHR, M.D.\*

ROBERT H. BISHOP, JR., M.D.\*

BAILEY B. BURRITT \*

LOUIS I. DUBLIN

KENDALL EMERSON, M.D.\*

ROBERT P. FISCHELIS

MERRITTE W. IRELAND, M.D.

ALAN JOHNSTONE

JAMES L. MCCONAUGHY

RT. REV. ARTHUR R. MCKINSTRY

PHILIP R. MATHER \*

FRED T. MURPHY, M.D.

THOMAS PARRAN, M.D.

PERCY S. PÉLOUZE, M.D.

ALPHONSE M. SCHWITALLA, S.J.

WILLIAM F. SNOW, M.D.\*

## COMMITTEE ON NATIONAL DEFENSE ACTIVITIES

PHILIP R. MATHER, *Chairman*

SEWELL L. AVERY

MERRITTE W. IRELAND, M.D.

FRED T. MURPHY, M.D.

WILLIAM F. SNOW, M.D.





